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1/3/2014, 10:35:07 From: To: 80617628

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Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6383

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Account Number : FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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14 JAN -3 AM 9:00
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LSOP 3 FL 2, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LSOP 3 FL 2, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry P. Marcus

Name of Person

Greenfield Partners, LLC

Firm/Company

2 Post Road West

Address

Westport, CT 06880

City/State and Zip Code

marcusb@greenfieldpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry P. Marcus

Name of Person

at (203)

Area Code

354-5022

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
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CR2E062 (12/13)

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2014 JAN -3 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:

LSOP 3 FL 2, LLC

SECOND: Document to be corrected is:
Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
Document Number: M13000007852

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The Principal Address, in addition to the Mailing Address, for LSOP 3 FL 2, LLC should be listed as

2 Post Road West, Westport, CT 06880. The address originally provided (5 Post Road West, Westport,

CT 06880) was incorrect.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Bm
Signature of Authorized Representative

1.2.14
Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)