

Division of Corporations

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**M13000007862**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LSOP 3C II, LLC**

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

RECEIVED  
14 JAN -3 AM 9:00  
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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JAN 06 2014

D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LSOP 3C II, 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 &  
Certified Copy

CR2E062 (12/13)

**FILED**  
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**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 3C II, LLC

**SECOND:** Document to be corrected is:

Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida  
Document Number: M13008007862

**(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 3C II, 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.

  
Signature of Authorized Representative

1-2-14  
Date

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

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