

M14000000530

**Florida Department of State
Division of Corporations
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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.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LMICS, LLC**

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APR - 9 2013

T. HAMPTON

4/8/2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LMICS, 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:

Laura D. Maxwell

Name of Person

Lennar Corporation

Firm/Company

700 NW 107th Avenue, Suite 400

Address

Miami, FL 33172

City/State and Zip Code

laura.maxwell@lennar.com

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

For further information concerning this matter, please call:

Laura Maxwell

305

229-6429

at

Name of Person

Area Code

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 &
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☐ \$60 Filing Fee,
Certificate of Status &
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CR2E062 (2/14)

**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: LMICS, LLC

SECOND: The Florida Document number of the limited liability company is: M14000000530

THIRD: Document to be corrected is:
Application by Foreign Limited Liability Company for Authorization

(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 Application contained the wrong mailing address of the Foreign Limited

Liability Company (700 NW 107th Avenue, Suite 400, Miami, FL 33172).

The correct mailing address should be 433 Plaza Real, Suite 275, Boca Raton,

FL 33432

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

4/8/14
Date

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

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