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Office Use Only



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B. BOSTICK

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AW Title L. L. C.  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:	
Stefanie Loomis.  Name of Person	
Ashten Woods Firm/Company	
1405 Old Alabama Rd, Ste 200	
Roswell GA 30076  City/State and Zip Code	
Sloomis@ ashton woods .Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	F. 3 C. 3 C. 3 C. 3 C. 3 C. 3 C. 3 C. 3 C
Stefanie Loomis at (678) 781-2072  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:	

□ \$55 Filing Fee & Certified Copy

□ \$60 Filing Fee, Certificate of Status &

Certified Copy

CR2E062 (2/14)

\$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status

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

<u>FIRST</u>	<u>.</u> .	The name of the limited liability company is: AW Title L.L.C.	·
<u>SECO</u>	ND:	The Florida Document number of the limited liability company is: M1400000	<u>09</u> 18
THIR	<u>D</u> :	Document to be corrected is:  Enity address to be updated	
,	<u>(CF</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMEN	<u>NT</u>
Ø.		tins an incorrect statement. The incorrect statement, the reason the statement is incorrected statement are as follows:	ct, and the
	10	The proper address for the FL ration of AW Title L.L.C. is: 2400 Maitland Center Parkway Ste 3 Maitland FL 32751	310
	OR Was d	defectively signed. The manner in which the document was defectively signed and the	annranriat
LJ		etion are as follows:	appropriate
			## _ 4 } _ 727] _ 27
	OR The e	lectronic transmission of the record was defective.	
Sis		Of Authorized Representative  Of Authorized Representative  Date	

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)