

M14000004389

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

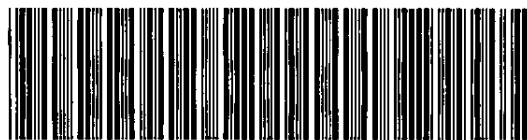
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE

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OCT 01 2014  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ETS Willowbrook at Marion 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:

Cindy Dodson

Name of Person

Kephart Fisher LLC

Firm/Company

207 N Fourth Street

Address

Columbus, OH 43215

City/State and Zip Code

cindydodson@kephartfisher.com

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

For further information concerning this matter, please call:

Cindy Dodson

614

469-1882

Name of Person

at ( )

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 & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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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: ETS Willowbrook at Marion LLC

**SECOND:** The Florida Document number of the limited liability company is: M14000004389

**THIRD:** Document to be corrected is:  
Certificate of Qualification

**(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 Managing Member of the above entity is Eamon Burgess have an address

of: 795 Jaeger Street, Columbus, Ohio 43206

Jon S. Burgess, currently listed as Managing Member, should be listed as a  
Member

**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.

Eamon Burgess  
Signature of Authorized Representative

09/23/2014  
Date

CLERK OF SUPERIOR COURT  
JUDICIAL OFFICE  
TALLAHASSEE, FLORIDA

2014 SEP 26 PM 3:34

**FILED**

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