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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (Ad | dress) | | | | |
| (0) | | | | | |
| (Cii | ty/State/Zip/Phone | #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | isiness Entity Nam | e) | | | |
| (Do | ocument Number) | | | | |
| | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
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| Special Instructions to | Filing Officer: | | | | |
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AUG 3 1 2015 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 120000001 | ACCOUNT | NO. | : | I2000000019 |
|-------------------------|---------|-----|---|-------------|
|-------------------------|---------|-----|---|-------------|

REFERENCE: 765129 4359881

AUTHORIZATION

COST LIMIT : \$30.0

ORDER DATE: August 28, 2015

ORDER TIME : 1:26 PM

ORDER NO. : 765129-005

CUSTOMER NO: 4359881

FOREIGN FILINGS

NAME: CARROLLWOOD STATION, LLC

CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

| | on Section of Corporations | | | | | |
|--|--|---------------------------------------|---|--|--|--|
| Carrollwood Station LLC | | | | | | |
| SUBJECT. | | Name of Limited Liab | pility Company | | | |
| Dear Sir or Madam | : | | | | | |
| The enclosed State | ment of Correction and fee(s) | are submitted for filin | g. | | | |
| | rrespondence concerning this | | | | | |
| | ······································ | | o . | | | |
| Carlos E Mora | ales | | | | | |
| | Name of Person | | - | | | |
| Patzik, Frank | & Samotny | | | | | |
| | Firm/Company | | _ | | | |
| 150 S. Wacke | r Dr., Suite 1500 | | | | | |
| | Address | | - | | | |
| Chicago, IL 60 | 0606 | | | | | |
| | City/State and Zip Code | | _ | | | |
| cmorales@pfs | | | | | | |
| E-mail addres | ss: (to be used for future annu | al report notification) | - | | | |
| | | | | | | |
| For further informa | tion concerning this matter, p | olease call: | | | | |
| Carlos E. Mor | ales | 312 at (| 551-3095 | | | |
| Ŋ | lame of Person | Area Code | Daytime Telephone Number | | | |
| STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid | n ations nter Circle | | 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) | | | | | | |

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

| Pursu | ant to se | ection 605.0209, F.S., this document is being | g submitted to correct a previously | filed document. |
|--------------|-------------------------------|---|--------------------------------------|--|
| <u>FIRS</u> | <u>T</u> : | The name of the limited liability company | is: Carrollwood Station LLC | |
| SECO THIR | <u>OND:</u> R <u>D</u> : . | The Florida Document number of the limit Document to be corrected is: Certificate of Authority to Transact But | | |
| | (CI | IECK THE APPROPRIATE BOX AND CO | MPLETE THE APPLICABLE STA | <u>TEMENT</u> |
| 7 | | ins an incorrect statement. The incorrect stated statement are as follows: | atement, the reason the statement is | incorrect, and the |
| | | rect Statement: Carrollwood Station, LL | C, the foreign limited liability | |
| | comp | pany does not contain a comma in the n | ame | 57 |
| | The | correct statement/name is Carrollwood | Station LLC | AUG 28 |
| | | | | |
| | <u>OR</u> | | | 1:5.g |
| | | efectively signed. The manner in which the tion are as follows: | e document was defectively signed a | and the appropriate |
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| | | | | and the state of t |
| | | | | |
| | <u>OR</u> | | | |
| | The el | ectronic transmission of the record was defe | | |
| Şi | gnature | of Agithorized Representative | August 28, 2015 Date | |
| | - | / 17 | | |
| | | Filing Fee: Certified Copy: | \$25.00 \$30.00 (optional) | |

CR2E062 (2/14)