

M1700000 8064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

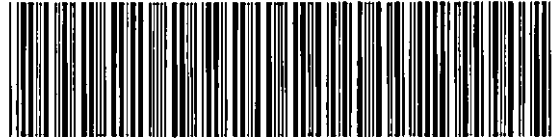
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
17 DEC 28 AM 11:09

2017 DEC 28 2:44:27

J. LEGGETT
JAN 04 2018

984239-10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2017

CORPORATION SERVICE COMPANY

SUBJECT: TORTUGA POINTE LLC
Ref. Number: M17000008064

RESUBMIT
Please give original
filing session date as file date.

We have received your document for TORTUGA POINTE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 817A00026315

12 JAN -3 AM 11:00

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 984239 147829A

AUTHORIZATION :

COST LIMIT : \$725.00



ORDER DATE : December 28, 2017

ORDER TIME : 12:50 PM

ORDER NO. : 984239-010

CUSTOMER NO: 147829A

FOREIGN FILINGS

NAME: TORTUGA POINTE LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tortuga Pointe 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:

James Burke

Name of Person

LLCR

Firm/Company

850 Cassatt Road, Suite 300

Address

Berwyn PA 19312

City/State and Zip Code

khughes@lcor.com

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

For further information concerning this matter, please call:

James Burke

Name of Person

at (610) 408-4451

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

**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: Tortuga Pointe LLC

SECOND: The Florida Document number of the limited liability company is: M17000008064

THIRD: Document to be corrected is: Application by Foreign LLC to Transact Business in FL

(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:

Incorrect Statement - Sole member, Lincoln Pointe Venture LLC

Correct Statement - Sole member, Tortuga Pointe Venture LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

FILED
17 DEC 28 AM 11:09

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

11/2/2018

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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