

9/14/2018

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

(((118000268447 3)))

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((118000268447 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ADVOS LEGAL PLLC
Account Number : 120150000090
Phone : (304)587-5311
Fax Number : (304)329-9504

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: support@advoslegal.com

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
LHRS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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SEP 18 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIIRN, 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:

Gwen Griggs

Name of Person

ADVOS legal pllc

Firm/Company

5000 Sawgrass Village Circle, Suite 7

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

support@advoslegal.com

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

For further information concerning this matter, please call:

Gwen Griggs

Name of Person

at (904)

Area Code

567-5311

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

☐ \$50 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

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

CR2F062 (9/15)

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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: LIIRN, LLC

SECOND: The Florida Document number of the limited liability company is: M18000002907

THIRD: Document to be corrected is: Application by a Foreign LLC for Authorization 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:

There should not be a comma in the name of the company.
The name of the company should be "LIIRN LLC" (no comma).

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

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)

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850-617-6381

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September 17, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LIIRN, LLC
131 E BAY STREET
JACKSONVILLE, FL 32202US

SUBJECT: LIIRN, LLC
REF: M18000002907

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

Please return 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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000268447
Letter Number: 518A00019315

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