

MI8000007537

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

((H210001149173)))



H210001149173ABC-

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

89920

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.
Account Number : 076077002775
Phone : (407) 760-4670
Fax Number : (407) 951-8209

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

Email Address: angela.tharpe@colliercompanies.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLLIER-LAKE BETTY APARTMENTS OWNER LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

MAR 26 2021

M. SOLOMON

(H210001149173)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Collier-Lake Betty Apartments Owner 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:

Angela Tharpe
Name of Person

The Collier Companies
Firm/Company

220 N. Main Street
Address

Gainesville, FL 32601
City/State and Zip Code

angela.tharpe@colliercompanies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Tharpe at (352) 416-1423
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 (9/15)

(H210001149173)

FILED
2021 MAR 25 AM 10:07
CLERK OF STATE
TALLAHASSEE, FL 32303

(H210001149173)

**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: Collier-Lake Betty Apartments Owner LLC

SECOND: The Florida Document number of the limited liability company is: M18000007537

THIRD: Document to be corrected is: Application by 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:

The name of the limited liability company listed in paragraph 1 on the Application fails to include a comma before the "LLC" designation. The correct name of the LLC is "Collier-Lake Betty Apartments Owner, LLC" which includes a comma before the "LLC" designation in the name.

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

3-19-21
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)

(H210001149173)