



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached is a form to file a statement of correction for a Florida or Foreign limited partnership or limited liability limited partnership.

A statement of correction can be filed to correct any limited partnership or limited liability limited partnership document filed with the Florida Department of State. This document is effective retroactively to the effective date of the document it corrects, but is effective when filed.

The statement of correction must be signed by at least one general partner and any new general partners designated in the statement of correction, if any. If adding or deleting an election to be a limited liability limited partnership, all general partners must sign the correction.

Pursuant to Chapter 620, Florida Statutes, every legal or commercial business entity listed as a general partner of a limited partnership or limited liability limited partnership must have an active registration or filing on file with the Florida Department of State before the correction can be processed by this office. Should you need the forms and instructions to properly register a non-individual general partner, please call (850) 245-6051.

The fee to file the correction is \$52.50. Certified copies of the correction are \$52.50 each. You should total all fees and forward one check made payable to the Florida Department of State for the total amount.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may contact the Registration Section at (850) 245-6051.

CR2E119 (9/15)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Contact Person

Firm/Company

Address

City, State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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

Insert name currently on file with Florida Department of State

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

FIRST: The reason for filing this statement of correction is:

- The record contained false or erroneous information.
- The record was defectively signed.

SECOND: This statement corrects _____

Specify document type being corrected

filed with the Florida Department of State on _____

Insert date document filed with Dept. of State

THIRD: The false or erroneous information or defect is as follows:

FOURTH: The false or erroneous information or defect is corrected as follows:

Signature of a general partner*:

(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).

Signature(s) of new general partner(s), if any:

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

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.

Signature of Registered Agent

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75