

JAN-07-2008 13:54

DOOLEY & DRAKE, P.A.

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : DOOLEY & DRAKE, P.A.  
Account Number : I20020000002  
Phone : (941) 954-7750  
Fax Number : (941) 951-1509

08 JAN -7 AM 8:31  
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08 JAN -7 PM 2:09

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

3111 N. TRAIL, L.L.C.

Certificate of Status	0
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(((H08000003893 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3111 N. TRAIL, L.L.C.

(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

J. KEVIN DRAKE, ESQ.

(Name of Person)

DOOLEY & DRAKE, P.A.

(Firm/Company)

1432 FIRST STREET

(Address)

SARASOTA, FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

J. KEVIN DRAKE

(Name of Person)

at ( 941 ) 954-7750

(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

CR2E062 (08/05)

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

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
3111 N. TRAIL, L.L.C.

**SECOND:** The articles of organization or the application to transact business

**(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:  
ARTICLE I OF THE ARTICLES OF ORGANIZATION CONTAINS AN INCORRECT STATEMENT  
THAT THE NAME OF THE LIMITED LIABILITY COMPANY IS: 3111 N. TRAIL, L.L.C.  
THE CORRECT STATEMENT IS THAT THE NAME OF THE LIMITED LIABILITY COMPANY IS:  
4195 N. TRAIL, L.L.C.

**OR**

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

Dated: JANUARY 7, 2008

  
Signature of a member or authorized representative of a member

J. KEVIN DRAKE, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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

CR2E062 (08/05)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

08 JAN -7 AM 8:31

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**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L07000123609  
FILED 8:00 AM  
December 13, 2007  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

3111 N. TRAIL, L.L.C.

**Article II**

The street address of the principal office of the Limited Liability Company is:

919 NORSOTA WAY  
SARASOTA, FL. US 34242

The mailing address of the Limited Liability Company is:

919 NORSOTA WAY  
SARASOTA, FL. US 34242

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:

BARRY C SEIDEL  
7330 SOUTH TAMIAMI TRAIL  
SARASOTA, FL. 34231

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BARRY C. SEIDEL

## Article V

The name and address of managing members/managers are:

Title: MGR  
ALLAN ASSELSTINE  
919 NORSOTA WAY  
SARASOTA, FL. 34242

Title: MGR  
BARRY C SEIDEL  
7330 SOUTH TAMIAMI TRAIL  
SARASOTA, FL. 34231

Signature of member or an authorized representative of a member

Signature: BARRY C. SEIDEL

L07000123609  
FILED 8:00 AM  
December 13, 2007  
Sec. Of State  
nculligan