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SECRETARY OF STREET OF STREET

ATTN: BRENDA TADLOCK

COVER LETTER

COVERLETTE	N.
TO: Registration Section Division of Corporations	
SUBJECT: TRAUMANS 1	AINTING LLE
(Name of Limited Liability Con	mpany)
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	g:
BAST THOUMAW (Name of Person)	-
(Firm/Company)	_
724 ECLICOTT CII	<u>(</u>
PT-CHARLOTTE F C 33 (City/State and Zip Code)	952
For further information concerning this matter, please call:	
(Name of Person) at (248) (Area Code 8)	266-4160 Z & Daytime Telephone Number)
(Marie St. Valuary)	,
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 \$\text{Certificate of Status}\$ \$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status &

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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

FIRST	The name of the limited liability company is: The name of the limited liability company is: The name of the liability company is:	09 FEB
SECO:	ND: The articles of organization or the application to transact business	16 登
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMI	_
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Add Brett Transman as MBRM. CHANGE EFFECTIVE DATE TO 1 1 0 9 Correct principal offree and regis toral office address to 1 724 Elirectt Cir. N.W., Pt. Charlotte, FL 33952 OR	,
	Was defectively signed. The manner in which the document was defectively signed the appropriate correction are as follows:	l and
Dated:	Signature of a member or authorized representative of a member IFFT TRAUTMEN Typed or printed name of signee	
	Filing Fee: \$25.00	

Certified Copy:

\$30.00 (optional)

CR2E062 (08/05)