

L09000034278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

APR 14 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: State Street Property Management LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

Doc #
L09000034278

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

Please return all correspondence concerning this matter to the following:

Daniel Travis
(Name of Person)

State Street Property Management LLC
(Firm/Company)

711 N. Pine Island Rd. #421
(Address)

Plantation FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Travis at (954) 226-2155
(Name of Person) (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

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

2009 APR 13 PM 1:09

Pursuant to section 608.4115, F.S., this document is being submitted within the governing 30 business days to correct the attached articles of organization or application to TRANSACT BUSINESS OF STATE TALLAHASSEE FLORIDA in Florida.

FIRST: The name of the limited liability company is:

State Street Property Management LLC

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:

Spelling was: State Street Propert Management LL
Spelling should be: State Street Property
MANAGEMENT LLC

OR

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

Dated: 4/9/2009

[Signature]
Signature of a member or authorized representative of a member

DANIEL TRAVIS

Typed or printed name of signee

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