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EXAMINER



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COVER LETTER

TO: Registration	n Section Corporations				
Division of	Corporations				
SUBJECT:	ITRC LLC				
	Name of Limited Liability Company				
	·				
Dear Sir or Madam:					
The enclosed Article	es of Correction and fee(s) are submitted for filing.				
Please return all corn	respondence concerning this matter to the following	g:			
	PAUL GARFINKLE	_			
	Name of Person				
ATL	ANTIC AVENUE D.B., INC.				
	Firm/Company	_			
5	629 AMERICAN CIRCLE				
-	Address	_			
Di					
	ELRAY BEACH, FL 33484 City/State and Zip Code	_			
	City/state and Zip Code				
	garfinkle100@aol.com				
E-mail address	garfinkle100@aol.com :: (to be used for future annual report notification)	_			
For further informat	ion concerning this matter, please call:				
roi turtilei intormat	ion concerning this matter, prease can.				
PAL	JL GARFINKLE at (561	499-5280			
		ode & Daytime Telephone Number			
STREET/COURIE	R ADDRESS:	MAILING ADDRESS:			
Registration Section		Registration Section			
		Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Executive Cen		Tallahassee, Florida 32314			
Tallahassee, Florida	32301				
Enclosed is a check	for the following amount:				
\$25 Filing Fee	\$30 Filing Fee & S55 Filing Fee & Certificate of Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			
CR2E062 (08/05)					

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: ITRC LLC		_		
<u>SECO</u>	ND: The articles of organization or the application to transact business				
<u>(CH</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	TEMENT			
√	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: THE NAME OF THE MGR WAS INCORRECTLY LISTED AS LOUIS NOLFO.				
	THE CORRECT NAME OF THE MGR SHOULD HAVE BEEN LISTED) AS	_		
	FRANCES M. NOLFO. PLEASE CORRECT THE ORIGINAL FILING.		-		
	OR Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	signed and	_		
		70 HAS	SECRI		
Dated:	MARCH 18 . 2010 .	23 PH	ETARY O		
	Signature of a member or authorized representative of a member	1:36	F STATE FORATIONS		
	FRANCES M. NOLFO Typed or printed name of signee				
	Filing Fee: \$25.00				

Certified Copy:

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L10000029058 FILED 8:00 AM March 15, 2010 Sec. Of State gharvey

Article I

The name of the Limited Liability Company is: ITRC LLC

Article II

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

20423 STATE ROAD 7 SUITE F6-214 BOCA RATON, FL. 33498

The mailing address of the Limited Liability Company is:

20423 STATE ROAD 7 SUITE F6-214 BOCA RATON, FL. 33498

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:

PAUL GARFINKLE 5629 AMERICAN CIRCLE DELRAY BEACH, FL. 33484

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: PAUL GARFINKLE

Article V

The name and address of managing members/managers are:

Title: MGR LOUIS M NOLFO 20423 STATE ROAD 7 BOCA RATON, FL. 33498 L10000029058 FILED 8:00 AM March 15, 2010 Sec. Of State gharvey

Article VI

The effective date for this Limited Liability Company shall be: 03/15/2010

Signature of member or an authorized representative of a member Signature: LOUIS NOLFO