

L12000110804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

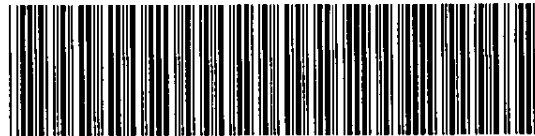
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12 SEP -4 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

SEP -4 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DT CTW, LLC  
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:

BLAKE THOMPSON

Name of Person

BWT CO., LLC

Firm/Company

PO Box 7598

Address

St Petersburg FL 33734

City/State and Zip Code

BWT@BWTCOMPANY.COM

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

For further information concerning this matter, please call:

Blake Thompson or Bongra

Name of Person

at (727) 251 7707

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)

TALLAHASSEE, FLORIDA

SEP - 4 PM 4 37

FILED

**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: DT CTW, 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:

NAME IS DM CTW, LLC

NOT DT CTW, LLC

**OR**



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

Dated: Sept 3, 2012

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

B Thompson  
Typed or printed name of signee

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

**FILED**  
SEP - 4 PM 4:37  
TALLAHASSEE, FLORIDA

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

L12000110804  
FILED 8:00 AM  
August 28, 2012  
Sec. Of State  
thampton

**Article I**

The name of the Limited Liability Company is:

DT CTW, LLC

**Article II**

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

16120 US HIGHWAY 19 NORTH  
LARGO, FL. US 33764

The mailing address of the Limited Liability Company is:

POST OFFICE BOX 7598  
SAINT PETERSBURG, FL. US 33734

**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:

JAMES B THOMPSON SR  
700 CENTRAL AVE  
5TH FLOOR  
SAINT PETERSBURG, FL. 33701

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: JAMES THOMPSON