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J. SAULSBERRY EXAMINER JUN 19 2013

COVER LETTER

TO: Registration Section Division of Corporations Center Valrico Associates 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: Laurie B Sams Name of Person Van wiNkle & Sams PA Firm/Company 3859 Bee Ridge Road Suite 202 Address Sarasota FL 34233 City/State and Zip Code robertscott@centerassociates.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ₋aurie Sams Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:

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□ \$55 Filing Fee &

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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 <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 Cente	T: The name of the limited liability company is: er Valrico Associates LLC		
SECO			
	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	<u> FEMENT</u>	
V	Contains an incorrect statement. The incorrect statement, the reason the statement incorrect, and the corrected statement are as follows: The principal street address contains an erroneous number and the city		_
	Pittsburgh is misspelled.		_
	Correct principal address: 1146 Freeport Road, Pittsburgh PA 15238		
	Correct Mailing/Managers Addresses: P.O. Box 38427 Pittsburgh, PA	 15238	_
	OR		_
	Was defectively signed. The manner in which the document was defectively s the appropriate correction are as follows:	igned and	
		2013	_
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Dated:	: - June () , 2013.	AH 9: 10	
	Signature of a member or authorized representative of a member		
	Laurie B. Sams		
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		