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(Address)

(City/State/Zip/Phone #)

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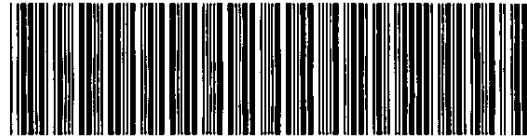
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TCA OCEANS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

THOMAS ALBANESE

Name of Person

Firm/Company

1221 SW 29TH ST

Address

FT LAUDERDALE, FL 33315

City/State and Zip Code

TCAOCEANS@GMAIL.COM

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

For further information concerning this matter, please call:

KAREN SPIGLER

Name of Person

at ( 954 )

Area Code

689-0506

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

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: TCA OCEANS LLC

**SECOND:** The Florida Document number of the limited liability company is: L13000154939

**THIRD:** Document to be corrected is:

2014 ANNUAL REPORT

**(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:

AUTHORIZED PERSONS DETAIL:

TITLE: MGRM

MGR:

ALBANESE THOMAS

BUEHRER, ROSS

1221 SW 29TH ST

2301 NE 20TH AVE

FT LAUDERDALE, FL 33315

FT LAUDERDALE, FL 33305

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

✓ Ja

Signature of Authorized Representative

✓ 11 Sept 2014

Date

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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