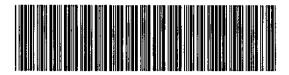
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2014

W. BRUCE DELVALLE, ESQ. POST OFFICE BOX 1888 DELAND, FL 32721-1888

SUBJECT: TRAMASTERS, LLC Ref. Number: L14000015665

We have received your document for TRAMASTERS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 614A00002726:

## **COVER LETTER**

Registration Section TO: Division of Corporations TRAMASTERS, 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: W. Bruce DelValle, Esq. DelValle Law Group, P.A. Firm/Company Post Office Box 1888 Address DeLand, FL 32721-1888 City/State and Zip Code brucedlg@earthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: W Bruce DelValle Daytime Telephone Number Name of Person **MAILING ADDRESS:** STREET/COURIER 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: □ \$25 Filing Fee ■ \$30 Filing Fee & ☐ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy

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## STATMENT 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.

FIRS7	<u>r</u> :	The name of the limited liability company is:	
		TRAMASTERS, LLC	
SECO	<u>ND</u> :	Document to be corrected is:  Document No: L14000015665, Electronic Articles of Organization Filed 1/29/14	
	(CHE	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
X	and th	ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, e corrected statement are as follows:  prect Statement: Name of Company: TRAMASTERS, LLC	
		RRECTED Statement: TRACMASTERS, LLC	
	("c" t	o be added to name - improperly omitted due to typo in electronic filing)	
	<del></del>	19 B	
	<u>OR</u>		
		lefectively signed. The manner in which the document was defectively signed and the priate correction are as follows:	
	<u>OR</u>		
	The e	ectronic transmission of the record was defective.	
Si	grature	of Authorized Representative Date	

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)