

L140000049964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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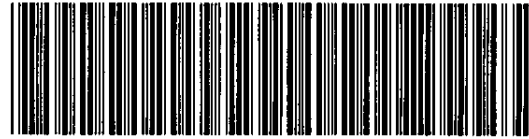
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TORRE 2003, 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:

LESLIE M. SCRIBANI

Name of Person

CTC MANAGEMENT SERVICES, LLC

Firm/Company

220 ALHAMBRA CIRCLE 11 FLOOR

Address

CORAL GABLES, FL 33134

City/State and Zip Code

pparra@mercantilctc.com

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

For further information concerning this matter, please call:

LESLIE SCRIBANI

Name of Person

at (305)

Area Code

4415561

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 (12/13)

**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:

TORRE 2003, LLC

L14000049964

SECOND: Document to be corrected is:

ARTICLES OF ORGANIZATION

(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:

INCORRECTLY STATES MANAGER IS CTC MANAGEMENT SERVICES, LLC

CORRECT STATEMENT THAT MANAGER IS DALAR INVESTMENT, LLC

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.

CTC MANAGEMENT SERVICES, LLC

[Signature]
Signature of Authorized Representative

3/26/14
Date

2014 APR 10 PM 3:19
SECRETARY OF FLORIDA
TALLAHASSEE

FILED

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