

L14000071875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

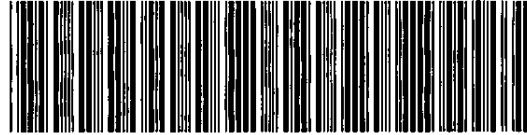
(Business Entity Name)

(Document Number)

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B. BOSTICK
JUN 10 2014
EX-

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TICKETFORTRAVELER 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:

SEAN MCFARLANE

Name of Person

TICKETFORTRAVELER LLC

Firm/Company

12302 NW 30TH MANOR

Address

SUNRISE, FLORIDA 33323

City/State and Zip Code

SEAN@TICKETFORTRAVELER.COM

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

For further information concerning this matter, please call:

SEAN MCFARLANE

Name of Person

at (954)

Area Code

802 - 0597

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: TICKET FORTRAVELER LLC

SECOND: The Florida Document number of the limited liability company is: L14000077875

THIRD: Document to be corrected is:

AUTHORIZED PERSON(S) DETAIL

(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:

INCORRECT STATEMENT: TITLE AR

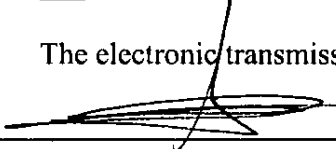
CORRECT STATEMENT: MANAGER

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.


Signature of Authorized Representative

5.30.2014

Date

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