

#L14000104829

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 JUL -8 AM 11:56

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K. SALY  
EXAMINER  
JUL -9 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NW FL Properties Trust, 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:

Douglas T Ingram, JR CPA

Name of Person

Coastal Accounting of NW FL, PA

Firm/Company

1150 Airport Road, Unit 172

Address

Destin, FL 32541

City/State and Zip Code

vbrumble@coastalaccounting.net

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

For further information concerning this matter, please call:

Douglas T Ingram Jr CPA

Name of Person

at ( 850 )

Area Code

654-9235

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 (2/14)

**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: NW FL Properties Trust, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000104829

**THIRD:** 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:

Article IV, the Member Christine H Clark was incorrectly entered. Please remove.

Add Susan L Smith, 8350 Lochinver Park Lane, Brentwood TN 37027

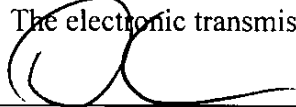
**OR**

- ☐ 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

7/2/14  
Date

2014 JUL -8 AM 11:56  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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