

L14000143112

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Work Cat Trans Gulf, 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:

Henry Hoffman

Name of Person

Work Cat Trans Gulf, LLC

Firm/Company

1806 Pass A Grill Way, Unit #3

Address

St. Pete Beach, Florida 33706

City/State and Zip Code

ray@workcattransgulf.com

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

For further information concerning this matter, please call:

Ray Bradley

Name of Person

704

Area Code

907-9153

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)

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TALLAHASSEE FLORIDA

**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: Work Cat Trans Gulf, LLC

SECOND: The Florida Document number of the limited liability company is: L1400143112

THIRD: Document to be corrected is:
Articles of Incorporation for Florida Limited Liability Company

(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 VI: Other Provisions Typed incorrectly should read:

Ownership is Phoenix Trans Gulf, LLC 55.0% Work-Cat Engineering, LLC 45.0%

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

March 15, 2015

Date

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

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CLERK OF STATE
TALLAHASSEE FLORIDA