*L14000151555

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(0	city/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
([Ocument Number)	
Certified Copies	Certificates of	Status
1	_	
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Special Instructions to	o Filing Officer:	





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12/30/14--01025--026 **25.00

DEPARTMENT OF STATE

2014 DEC 30 PM 12: 01

EXMINER
DEC 31 2014

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

174 Fonder's Printing - Thom leville, GA 8/00

Trac Property LLC			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			✓ Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
2.8			Vehicle Search
			Driving Record
Requested by: SETH	12/30/14		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Maille	Date	THIC	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

STATEMENT OF CORRECTION FOR FLORIDA OR FÖREIGN LIMITED LIABILITY COMPANY

FIL	EO
2014 DEC -	
2014 DEC 30	PM 12: 0

Purau	ant to s	action 605.0209, F.S., this document is being submitted to correct a previously filed document O_F					
FIRS		The name of the limited liability company is: TRAC PROPERTY LLC					
SEC	OND:	The Florida Document number of the limited liability company is: L14000151555					
THIRD:		Document to be corrected is:					
		Articles of Organization					
	(C)	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT					
Z		ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the statement are as follows:					
	The	e second Authorized Member was erronsously listed incorrectly. The second					
	Auth	orized Member should have been listed as follows:					
	TOD	D W. MILLER					
	9900	MULLER ROAD, FORT PIERCE, FL 34945					
	OR						
	Was	iefectively signed. The manner in which the document was defectively signed and the appropriate ction are as follows:					
	-						
	-						
	<u>OR</u>						
_	·	• • • • • • • • • • • • • • • • • • •					
	The e	electronic transmission of the record was defective.					
	ionehm	of Authorized Representative Date					
N	· Ormirar	A NY ESPERIATIONA O PAÑT ABATIMH I A SANTON					

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