

L14 000171254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

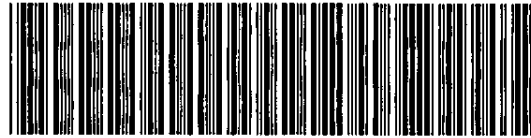
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500266910435

12/02/14--01008--004 **60.00

FILED
14 DEC -2 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers DEC 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

THE GREEN TRAIL.LLC

SUBJECT: _____
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:

ALEJANDRO CALLE

Name of Person

THE GREEN TRAIL

Firm/Company

3231 CHARON AVE

Address

WEST MELBOURNE, FL 32904

City/State and Zip Code

CALLE_ALEJANDRO@YAHOO.COM

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

For further information concerning this matter, please call:

ALEJANDRO CALLE

785

226-8083

at (_____) _____

Name of Person

Area Code

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.

THE GREEN TRAIL.LLC

FIRST: The name of the limited liability company is: _____

_____ L1400017125

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

THIRD: Document to be corrected is:
street address of the principal office of the 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:

West Metro Shopping Center Suite 3002 Melbourne, FL 32904

_____ wrong principal Office address

_____ 3002 W New Haven Ave West Melbourne, FL 32904

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.

Alfonso...
Signature of Authorized Representative

11-24-14
Date

FILED
14 DEC - 2 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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