

L15000138442

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

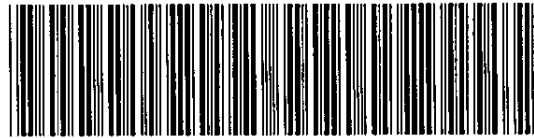
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400275837454

08/20/15--01028--011 \*\*30.00

FILED  
2015 AUG 20 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 21 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GC ILP, 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:

Jason O. Floyd

\_\_\_\_\_  
Name of Person

The Vestcor Companies, Inc.

\_\_\_\_\_  
Firm/Company

3030 Hartley Road, Suite 310

\_\_\_\_\_  
Address

Jacksonville, FL 32257

\_\_\_\_\_  
City/State and Zip Code

bowles@vestcor.com

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

For further information concerning this matter, please call:

Jason O. Floyd

at ( 904 ) 288-7822

\_\_\_\_\_  
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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>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: GC ILP, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000138442

**THIRD:** Document to be corrected is:

~~GC ILP, LLC~~ 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:

Typographical error. The entity name should be BC ILP, LLC

**OR**

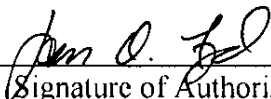


Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**



The electronic transmission of the record was defective.



Signature of Authorized Representative

8-19-15

Date

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

**FILED**

**2015 AUG 20 PM 4:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**