

LL 0001 73404

(Requestor's Name)

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2016 AUG -1 AM 8:23
TALLAHASSEE, FLORIDA

FILED
16 AUG -1 PM 3:09
TALLAHASSEE, FLORIDA

AUG 02 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRACEY TANNER PLLC
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:

TRACEY TANNER

Name of Person

TRACEY TANNER PLLC

Firm/Company

821 SANTEE TERRE LN.

Address

WINTER GARDEN, FL. 34787

City/State and Zip Code

ttanner@traceysellsfl.com

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

For further information concerning this matter, please call:

TRACEY TANNER

Name of Person

at (407) 455-4333

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.

FIRST: The name of the limited liability company is: TRACEY TANNER PLLC

SECOND: The Florida Document number of the limited liability company is: L16000133404

THIRD: Document to be corrected is: AUTHORIZED PERSON(S) DETAIL

(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:

TITLE 'OWNER' TRACEY TANNER IS INCORRECT
TITLE SHOULD BE 'MGR' FOR TRACEY TANNER

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.

Tracey Tanner
Signature of Authorized Representative

7/27/16
Date

FILED
16 AUG -1 PM 3:09
CLERK OF CIRCUIT COURT
ALACHUA COUNTY, FLORIDA

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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