

L15000022433

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 17 2015

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DR. NINA'S ANIMAL HOSPITAL PARRISH, 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:

MIKE KRAJEWSKI  
Name of Person

DR. NINA'S ANIMAL HOSPITAL  
Firm/Company

2959 FRUITVILLE RD.  
Address

SARASOTA FL 34237  
City/State and Zip Code

MIKE@DRNINA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE KRAJEWSKI at ( 941 ) 366-1222  
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.

**FIRST:** The name of the limited liability company is: DR. NINA'S ANIMAL HOSPITAL PARRI  
DR. NINA'S ANIMAL HOSPITAL PARRISH, LLC.

**SECOND:** The Florida Document number of the limited liability company is: L15000022433

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

THE PERSONS AUTHORIZED TO MANAGE THE LLC NEED TO BE CHANGE  
FROM MIKE AND JANINA KRAJEWSKI TO:  
DR. NINA'S ANIMAL HOSPITAL, LLC.  
2959 FRUITVILLE ROAD. SARASOTA FL 34237

**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

\_\_\_\_\_  
Date

**FILED**  
15 FEB -9 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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