## L050000 75691

(F	Requesto	r's Name)	
<i>(</i> /	\ddress)		
(/	(ddress)	<u> </u>	
(	City/State	Zip/Phone	: #)
PICK-UP		WAIT	MAIL MAIL
(E	Business	Entity Nam	ne)
(C	ocument	: Number)	
Certified Copies	c	ertificates	of Status
Special Instructions to	o Filing O	fficer:	
8 <b>y</b>			
	DCC.	e Use Onl	y
en e	LCC		
L'and an ement	DCC		
: : : : : : : : : : : : : : : : : : :	ncc		



100058141981

08/09/05--01023--007 \*\*43.75

NECKTIVES OF STATE

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Pharmacy Design Associates, LLC (Name of Co	prporation)
DOCUMENT NUMBER: L05000075691	
The enclosed Articles of Correction and fee are su	ubmitted for filing.
Please return all correspondence concerning this r	matter to the following:
Eugene J. Bannon, Jr. (Name of	Person)
Pharmacy Design Associates, LLC (Name of Firm	v/Company)
2300 Emilys Way (Address	D38)
Green Cove Springs, FL 32043 (City/State and	l Zip Code)
For further information concerning this matter, ple	ease call:
Eugene J. Bannon, Jr. at (at (	904 ) 252-9494 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	SECRET AUG
☐ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
<b>☑</b> \$43.75 Filing Fee & Certified Copy	S52.50 Filing Fee. Certificate of Status & Certified Copy
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 11, 2005

EUGENE J BANNON, JR. PHARMACY DESIGN ASSOCIATES, LLC 2300 EMILYS WAY GREEN COVE SPRINGS, FL 32043

SUBJECT: PHARMACY DESIGN ASSOCIATES, LLC

Ref. Number: L05000075691

We have received your document for PHARMACY DESIGN ASSOCIATES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. Please complete the attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 005A00051610

Diane Cushing Document Specialist

Desire and the property of the

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:  PHALMACY DESIGN ASSOCIATES LUC	
SECOND: The articles of organization or the application to transact business	
(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:  320 EMILYS WHY GREEN COVE SPHINGS FL 3204	3
INCORPECT ADDRESS TOPE FOR PECKSTRUED ASENT AND	
MANAGING MEMBBE. THE CORPECT ADDRESS IS:	
PHARMACY DESIGN ASSOCIATES, LLC 2300 EMILYS WAY OR GREEN COVE SPRINGS, FL 32043	
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:	
RIDE I	
Signature of a member or of a member  EVGENE J. BANNON, Je.  Typed or printed name of signee	
Filing Fee: \$25.00	

\$30.00 (optional)

Certified Copy: