

LD7000082711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

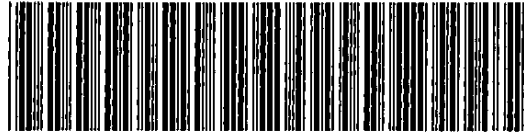
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07/09/07--01044--014 **185.00

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2007 AUG 10 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Extended Family Care Home Agency Limited Liability Company
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Luvenia Allen

(Name of Person)

Extended Family Care Home Agency Limited Liability Agency

(Firm/Company)

4631 NW 74th Ave

(Address)

Lauderhill, Florida 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Luvenia Allen

(Name of Person)

at (954) 232-6362

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2007

DR. LUVENIA ALLEN
641 RIDGEWOOD STREET
ALTAMONTE SPRINGS, FL 32701

SUBJECT: EXTENDED FAMILY CARE HOME AGENCY, LIMITED LIABILITY
COMPANY
Ref. Number: W07000033015

We have received your document for EXTENDED FAMILY CARE HOME AGENCY, LIMITED LIABILITY COMPANY and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no Florida corporation in our records by the name of EXTENDED FAMILY CARE HOME AGENCY, INC.. If the entity is organized under the laws of Florida, they must be in our records to do a conversion.,

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6967.

Leslie Sellers
Document Specialist

Letter Number: 007A00044236



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2007

DR. LUVENIA ALLEN
4631 NW 74TH AVENUE
LAUDERHILL, FL 33319

SUBJECT: EXTENDED FAMILY CARE HOME AGENCY, LIMITED LIABILITY
COMPANY
Ref. Number: W07000033015

We have received your document for EXTENDED FAMILY CARE HOME AGENCY, LIMITED LIABILITY COMPANY and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The coversheet submitted has the company name as EXTENDED FAMILY CARE HOME AGENCY, which is available and must include the LLC suffix but your document is submitted under EXTENDED FAMILY CARE HOME, LIMITED LIABILITY COMPANY which is NOT available for use. Please use the same name throughout your document.

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) 245-6967.

Leslie Sellers
Document Specialist

Letter Number: 607A00045823

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGER

DR. LUVENIA ALLEN

4631 NW 74TH AVE

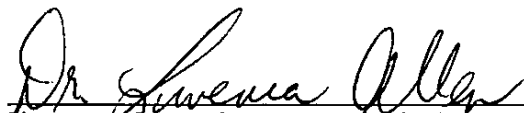
LAUDERHILL, FLORIDA 33319

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DR. LUVENIA ALLEN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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