

L07000083901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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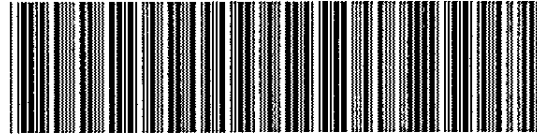
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
07 SEP 10 PM 2:31

JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tretinoin Emollient Cream, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Sarah Spear
(Name of Person)

(Firm/Company)

1230 23rd St, NW #705
(Address)

Washington, DC 20037
(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Spear at (239) 50-0285
(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

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

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

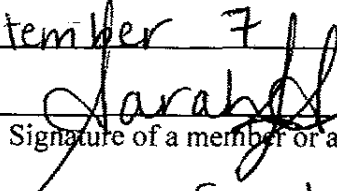
FIRST: The name of the limited liability company is:
Tretinoin Emollient Cream, LLC

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:
- ① Article II: The address of the company's principal place of business in this state is 11924 Fairway Lakes Dr., Ft. Myers, FL 33911.
- ② Article IV: MGMR KL Spear, MD
Change contact information from 14882 Bellezza Lane, Naples, FL, 34110 to 1247 Sussey Turnpike, Suite 120, Randolph, NJ 07869.
- OR
- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: September 7, 2007.


Signature of a member or authorized representative of a member

Sarah Spear
Typed or printed name of signee

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

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**Electronic Articles of Organization
For
Florida Limited Liability Company**

L07000083901
FILED 8:00 AM
August 15, 2007
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:
TRETNOIN EMOLLIENT CREAM, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
14882 BELLEZZA LANE
NAPLES, FL. 34110

The mailing address of the Limited Liability Company is:
14882 BELLEZZA LANE
NAPLES, FL. 34110

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL. 33331

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: XONDA DIVEN, ASST SECRETARY

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Article V

The name and address of managing members/managers are:

Title: MGRM
K. L SPEAR MD
14882 BELLEZZA LANE
NAPLES, FL. 34110

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August 15, 2007
Sec. Of State
gharvey

Article VI

The effective date for this Limited Liability Company shall be:

08/15/2007

Signature of member or an authorized representative of a member

Signature: K.L. SPEAR, MD

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