

L07000083905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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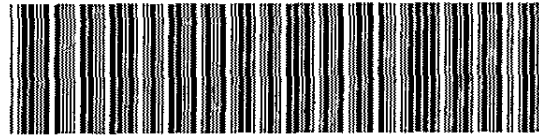
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5- Fluid Dyracil, 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 23<sup>rd</sup> St. NW # 705  
(Address)

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

For further information concerning this matter, please call:

Sarah Spear at (239) 560-0285  
(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

**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:

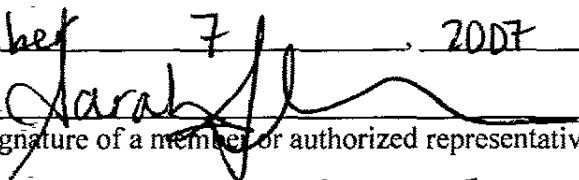
5-FLUOROURACIL, LLC

**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 Company's principal place of business in this state is: 11924 Fairway Lakes Dr, Ft. Myers, FL 33913
- ② Article IV: MGMR. K L Spear, MD's contact information should be changed from 14882 Bellezia Lane, Naples, FL, 34110 to 1247 Sussey Turnpike, Suite 120, Randolph, NS 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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
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