

L07000106437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

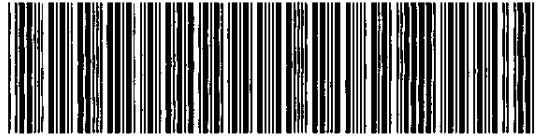
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR 15 PM 12:27

T. HAMPTON

APR 16 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADVANCE THERAPY & BEYOND , LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

CARMEN APONTE

(Name of Person)

CJA BEHAVIORAL SERVICES LLC

(Firm/Company)

809 E ^{oak} ~~oak~~ ST SUITE 106

(Address)

KISSIMMEE, FL 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN APONTE

(Name of Person)

at (407) 346-7041

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	APONTE, CARMEN J	809 E OAK STREET Ste 106 KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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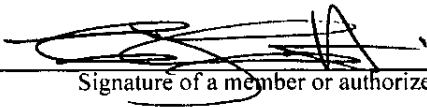
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE EIN NUMBER THAT SHOWS ON THE FORM IS INCORRECT

THE NUMBER THAT IS ON FILE IS 03-0475219 AND SHOULD BE 26-1283719

PLEASE MAKE THE CORRECT CHANGES THANK YOU

Dated APRIL 13, 2009


Signature of a member or authorized representative of a member

CARMEN J APONTE

Typed or printed name of signee

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