

LO80000003016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

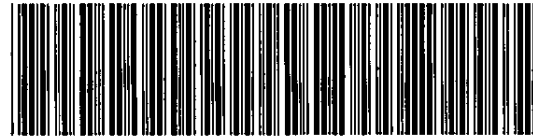
(Business Entity Name)

(Document Number)

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2014 MAY - 7 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 8 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cove Center for Recovery, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

David J. Schottenfeld, Esq

Name of Person

David J. Schottenfeld, P.A.

Firm/Company

7520 NW 5 Street # 203

Address

Plantation, FL 33317

City/State and Zip Code

david@djspalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David J. Schottenfeld, Registered Agent at 954 316-5033

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

DAVID J. SCHOTTENFELD, P.A.

Attorney at Law

7520 Northwest 5th Street
Suite 203
Plantation, Florida 33317

Telephone (954) 316-5033
Fax (954) 316-5037

April 14, 2014

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

Re: Cove Center for Recovery, LLC
Number L08000003016
Filed January 8, 2008

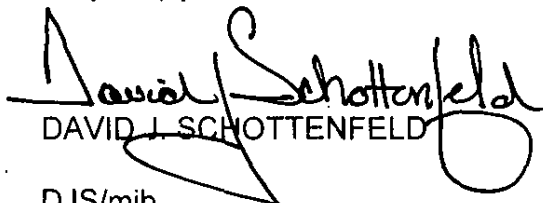
Gentlemen:

Please find enclosed herein a Statement of Correction to the Annual Report filed for Cove Center for Recovery, LLC, together with check in the amount of \$25.00 representing the Filing Fee for same, with respect to the above referenced matter.

A copy of this document has also been enclosed herein. Kindly acknowledge your receipt of same and forward the acknowledged copy to the undersigned in the envelope provided for your convenience.

Thank you in advance for your courtesy and prompt cooperation in this matter.

Very truly yours,


DAVID J. SCHOTTENFELD

DJS/mib

Encl



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2014

DAVID J SCHOTTENFELD, ESQ
7520 NW 5 ST
203
PLANTATION, FL 33317

SUBJECT: COVE CENTER FOR RECOVERY, LLC
Ref. Number: L08000003016

We have received your document for COVE CENTER FOR RECOVERY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only file Articles of Correction on the original articles or amendments. You can NOT file Articles of Correction on the Annual Report.

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 914A00008604

DAVID J. SCHOTTENFELD, P.A.

Attorney at Law

7520 Northwest 5th Street
Suite 203
Plantation, Florida 33317

Telephone (954) 316-5033
Fax (954) 316-5037

May 2, 2014

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

Re: Cove Center for Recovery, LLC
Number L08000003016
Filed January 8, 2008

Gentlemen:

Please find enclosed herein a Statement of Correction to the Articles of Amendment filed for Cove Center for Recovery, LLC, together with a copy of your letter dated April 22, 2014, with respect to the above referenced matter.

A copy of this document has also been enclosed herein. Kindly acknowledge your receipt of same and forward the acknowledged copy to the undersigned in the envelope provided for your convenience.

Thank you in advance for your courtesy and prompt cooperation in this matter.

Very truly yours,



DAVID J. SCHOTTENFELD

DJS/mib

Encl

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: COVE CENTER FOR RCOVERY, LLC

SECOND: The Florida Document number of the limited liability company is: L08000003016

THIRD: Document to be corrected is:
Articles of Amendment

(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:

Christopher Walsh was erroneously listed as MMBR. He is not a Managing
Member of this entity. The correct listing for Christopher Walsh should be AMBR.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -7 PM 3:58

FILED

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