

U09000049776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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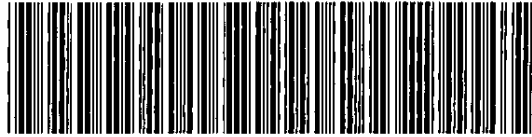
(Business Entity Name)

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EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: L & L HEALTH CARE AGENCY LLC

Name of Corporation

DOCUMENT NUMBER: L09000049776

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

Please return all correspondence concerning this matter to the following:

MARIE-LUCIE PIERRE/ LYSMOND GALUMETTE

Name of Contact Person

L & L HEALTH CARE AGENCY LLC

Firm/Company

20401 NW 2 AVE SUITE 210

Address

MIAMI, FL 33169

City/State and Zip Code

LNLHEALTHCARE@HOTMAIL.COM

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

For further information concerning this matter, please call:

MARIE-LUCIE PIERRE

Name of Contact Person

at (305) 705-2221

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF CORRECTION

for

L & L HEALTH CARE AGENCY LLC

L09000049776

Document Number (if known)

Pursuant to the provisions of Section 608 Florida Statutes, this LLC on files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLE IF Organization,
(Document Type Being Corrected)

filed with the Department of State on 05/21/2009,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

MAILING ADDRESS:

1343 NW 206 TER MIAMI GARDEN FL 33169

Correct the inaccuracy, incorrect statement, or defect:

MAILING ADDRESS:

20401 NW 2 AVE MIAMI, FL 33169

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2009 AUG 20 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Marie Lucie Pierre

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MARIE-LUCIE PIERRE

(Typed or printed name of person signing)

MGR

(Title of person signing)

Filing Fee: \$35.00