

L09000059116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

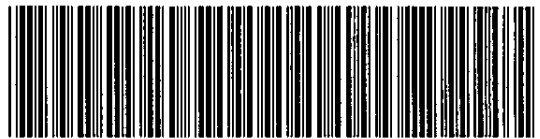
(Business Entity Name)

(Document Number)

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09 JUL 10 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 14 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Progressive Weight Loss, 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:

Kramer A. Litvak

Name of Person

Litvak Beasley & Wilson, LLP

Firm/Company

226 E. Government Street

Address

Pensacola, Florida 32502

City/State and Zip Code

kal@lawpensacola.com

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

For further information concerning this matter, please call:

Kramer A. Litvak

Name of Person

at (850) 432-9818

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

CR2E062 (08/05)

FILED
09 JUL 10 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2009

KRAMER A. LITVAK
LITVAK BEASLEY & WILSON, LLP
226 E GOVERNMENT STREET
PENSACOLA, FL 32502

SUBJECT: PROGRESSIVE WEIGHT LOSS, LLC
Ref. Number: L09000059116

We have received your document for PROGRESSIVE WEIGHT LOSS, 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):

The specific purpose of the entity must be set forth in the document.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 109A00022185

FILED
09 JUL 10 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Progressive Weight Loss, 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:

The name of the company is Progressive Weight Loss, PLLC

These articles are being amended to add the
specific purpose of the PLLC. The purpose of the
entity is to conduct medical weight loss services.

OR



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

Dated: June 23 2009


Signature of a member or authorized representative of a member

Michael J. Coyle

Typed or printed name of signee

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

FILED
09 JUL 10 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L09000059116
FILED 8:00 AM
June 18, 2009
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
PROGRESSIVE WEIGHT LOSS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
6072 DOCTOR'S PARK ROAD
MILTON, FL. 32571

The mailing address of the Limited Liability Company is:
6072 DOCTOR'S PARK ROAD
MILTON, FL. 32571

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:
MICHAEL J COYLE
6072 DOCTOR'S PARK ROAD
MILTON, FL. 32571

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: MICHAEL J. COYLE

Article V

. . . . The name and address of managing members/managers are:

Title: MGR
MICHAEL J COYLE
6072 DOCTOR'S PARK ROAD
MILTON, FL. 32571

Title: MGR
LAURA COYLE
6072 DOCTOR'S PARK ROAD
MILTON, FL. 32571

Signature of member or an authorized representative of a member

Signature: KRAMER A. LITVAK

L09000059116
FILED 8:00 AM
June 18, 2009
Sec. Of State
thampton