

L09000066074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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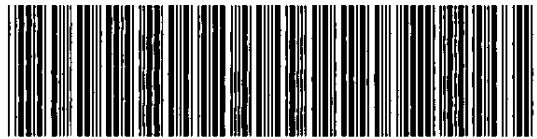
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 13 PM 2:32

T. HAMPTON

JUL 14 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hormone Replacement Centers of FL 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:

Juliya Moody
Name of Person

Bookkeeping and Accounting of FL Inc
Firm/Company

4946 Hertton Dr
Address

Jacksonville, FL 32258
City/State and Zip Code

Bookkeepingandaccounting@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juliya Moody at (904) 3331041
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:

Hormone Replacement Centers of Florida 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:

owner/mng Name misspelled
Shown as Shawn M Owens
Shall be Shawn M Owen (spelling error)
City Shown as Knoxville should have been Knoxville
(misspelled)

OR

☐

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

Dated: _____

Juliya Moody
Signature of a member or authorized representative of a member

Juliya Moody
Typed or printed name of signee

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

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

L09000066074
FILED 8:00 AM
July 09, 2009
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
HORMONE REPLACEMENT CENTERS OF FLORIDA LLC

Article II

The street address of the principal office of the Limited Liability Company is:
901 GREEN HILLS RD
KNOCKSVILLE, TN. 37919

The mailing address of the Limited Liability Company is:
901 GREEN HILLS RD
KNOCKSVILLE, TN. 37919

Article III

The purpose for which this Limited Liability Company is organized is:
MEDICAL OFFICE

Article IV

The name and Florida street address of the registered agent is:
BOOKKEEPING AND ACCOUNTING OF FL INC
4946 HERTON DR
JACKSONVILLE, FL. 32258

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: JULIYA MOODY

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Article V

The name and address of managing members/managers are:

Title: MGR
SHAWN M OWENS
901 GREEN HILLS RD
KNOCKSVILLE, TN. 37919

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thampton

Article VI

The effective date for this Limited Liability Company shall be:

07/10/2009

Signature of member or an authorized representative of a member

Signature: SHAWN M OWENS

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