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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Safe Harbor Therapeutic Services**
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:

Richard J. Randall II

Name of Person

Safe Harbor Therapeutic Services

Firm/Company

28665 Alessandria Circle

Address

Bonita Springs, Florida 34135

City/State and Zip Code

josephrandall2@aol.com

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

For further information concerning this matter, please call:

Richard J. Randall II

Name of Person

at **(239) 537-3135**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

Safe Harbor Therapeutic Services, LLC

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard J. Randall II	10661 Airport Pulling Road Suite 13	<input type="checkbox"/> Add
		Naples, Florida 34109	<input checked="" type="checkbox"/> Remove
MGR	Richard J. Randall II	10241 Metro Parkway Suite 109	<input checked="" type="checkbox"/> Add
		Fort Myers, Florida 33966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 07/01/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 6, 2014



Signature of a member or authorized representative of a member

Richard J. Randall II

Typed or printed name of signee

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