

L10000003154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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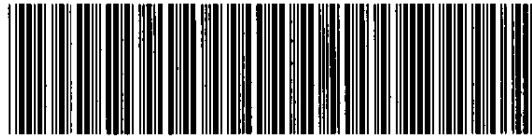
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A. LUNT

JAN 25 2010

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2010 JAN 22 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yuri Rehab Services, 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:

JUAN Y. HERRERA

Name of Person

Yuri Rehab Services, LLC

Firm/Company

8181 NW S. River Drive, Lot F-5

Address

Melbourne, Florida 33166

City/State and Zip Code

RAMONFINANCIAL@EMBARGMAIL.COM

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

For further information concerning this matter, please call:

Robert Diaz

Name of Person

at (407) 460-1025

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: Yuri Rehab. Services, 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:

See below

OR

☒

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: (Mistake in last name)

Registered Agent should be: JUAN Y. HERRECA

Managing member should be: JUAN Y. HERRECA

Dated: January 19, 2010.

Juan Y. Herrera
Signature of a member or authorized representative of a member

JUAN Y. HERRECA
Typed or printed name of signee

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

FILED
JAN 22 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA