

L10000067027

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 20 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CountryWide Therapy, LLC
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:

Scott A Hanson

Name of Person

CountryWide Therapy, LLC

Firm/Company

2001 East Robinson Street

Address

Orlando, FL 32803

City/State and Zip Code

scott@countrywidetherapy.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Scott A Hanson

Name of Person

at (407)

267-3808

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

CountryWide Therapy, LLC

(A Florida Limited Liability Company)

Florida document number ~~272878335~~
LI0000067027

Page 1 of 2

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

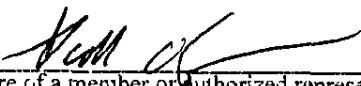
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Paul Benfield	184 Vista Oak Drive Longwood, FL 32779	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated November 11th, 2011



 Signature of a member or authorized representative of a member
 Scott A Hanson

 Typed or printed name of signee