

L10000123540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200189054042

01/03/11--01029--014 \*\*30.00

FILED  
11 JAN -3 AM 9:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JAN 04 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INDOPAKAMERICAN ASSISTANT LIVING 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:

TAJ RAZA  
Name of Person

INDOPAKAMERICAN ASSISTANT LIVING LLC  
Firm/Company

2825 Walden Pond Cove  
Address

Longwood FL 32779  
City/State and Zip Code

tajraza@hotmail.com  
E-mail address: (to be used for future annual report notification)

FILED  
11 JAN -3 AM 9:13  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TAJ RAZA at (407) 756-2595  
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:

INDOPAKAMERICAN ASSISTANT LIVING 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 current name is INDOPAKAMERICAN  
Assistant Living LLC  
and it need to change to

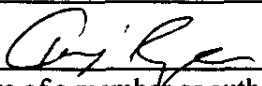
INDOPAKAMERICAN ASSISTANCE LIVING LLC

**OR**



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

Dated: 12/30/10

  
Signature of a member or authorized representative of a member

TAW RAZA

Typed or printed name of signee

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

FILED  
11 JAN -3 AM 9:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

L10000123540  
FILED 8:00 AM  
December 01, 2010  
Sec. Of State  
Isellers

**Article I**

The name of the Limited Liability Company is:

INDOPAKAMERICANASSISTANTLIVINGLLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

2825 WALDEN POND COVE  
LONGWOOD, FL. 32779

The mailing address of the Limited Liability Company is:

2825 WALDEN POND COVE  
LONGWOOD, FL. 32779

**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:

TAJ RAZA  
2825 WALDEN POND COVE  
LONGWOOD, FL. 32779

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: TAJ RAZA

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
TAJ RAZA  
2825 WALDEN POND COVE  
LONGWOOD, FL. 32779

Title: MGR  
AHSAN RAZA  
2825 WALDEN POND COVE  
LONGWOOD, FL. 32779

L10000123540  
FILED 8:00 AM  
December 01, 2010  
Sec. Of State  
Isellers

### **Article VI**

The effective date for this Limited Liability Company shall be:

12/01/2010

Signature of member or an authorized representative of a member

Signature: TAJ RAZA