## L10000124241

(R	Requestor's Name)	)
(A	Address)	·
(A	Address)	
(C	City/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL MAIL
(В	Business Entity Na	me)
(D	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	o Filing Officer:	

A. LUNT

JAN - 6 2010

**EXAMINER** 

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2010

OSCAR LOCKLIN 6460 JUSTICE AENUE MILTON, FL 32570

SUBJECT: FIERO SPEECH LANGUAGE THERAPY LLC

Ref. Number: L10000124241

We have received your document for FIERO SPEECH LANGUAGE THERAPY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 210A00029485

## **COVER LETTER**

TO: Registration Section Division of Corporations FIERO SPEECH LANGUAGE THERAPY 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: Oscar Locklin Name of Person Locklin, Jones & Saba, P.A. Firm/Company 6460 Justice Aenue Address Milton, Florida 32570 City/State and Zip Code olocklin@ljslawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sheila Taylor Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ✓ \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy 15-Certificate of Status &

CR2E062 (08/05)

Certified Copy

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: FIERO SPEECH LANGUAGE THERAPY,	, LLC			
SECO	ND: The articles of organization or the application to transact bus	siness			
( <u>C</u> I	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICA	BLE STATEMENT			
<b>✓</b>	contains an incorrect statement. The incorrect statement, the reason the statement is correct, and the corrected statement are as follows:  ne name of the xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				
	The correct name of the xox poration is Fierro Speech Langua limited liability company	go 11101upy, 220.			
	<u>OR</u>	-5 E			
	Was defectively signed. The manner in which the document was de the appropriate correction are as follows:	efectively signed and			
Dated:	December 15 2010				
	Signature of a member or authorized representative of a me	ember			
	Sheila T. Taylor				
	Typed or printed name of signee				
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)				

هم پريسه په