

L12 000048761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

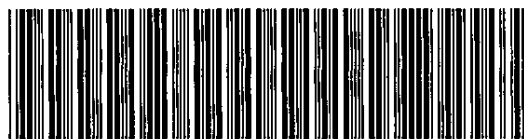
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE  
MAY - 8 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REAL LIFE RECOVERY, 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:

CARIE DOUGLAS

Name of Person

REAL LIFE RECOVERY, LLC

Firm/Company

258 SE 6TH AVENUE, SUITE 7

Address

DELRAY BEACH, FL 33444

City/State and Zip Code

carieeee25@yahoo.com

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

For further information concerning this matter, please call:

CARIE DOUGLAS

Name of Person

at ( 352 )

339-5476

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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REAL LIFE RECOVERY, LLC

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

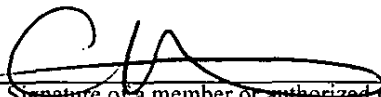
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARIE DOUGLAS	258 SE 6TH AVENUE, SUITE 7 DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ERIC SNYDER	258 SE 6TH AVENUE, SUITE 7 DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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2012-4-11:06  
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TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 04/19, 2012

  
Signature of a member or authorized representative of a member

CARIE DOUGLAS

Typed or printed name of signee