

L12000120769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

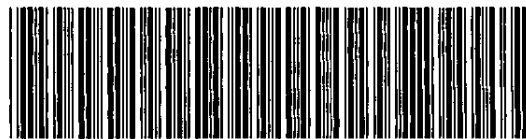
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. CLINE
OCT - 9 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REHAB A HOME, 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:

CAROLIN COLON
Name of Person

REHAB A HOME
Firm/Company

9000 SHERIDAN ST. SUITE 9
Address

PEMBROKE PINES, FL 33024
City/State and Zip Code

CAROLINCOLON@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLIN COLON at (305) 335-6227
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

REHAB A HOME, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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:

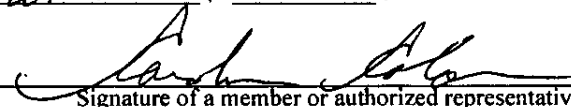
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	YETCEL JIMENEZ	480 NW 103RD TER. PEMBROKE PINES, FL 33026	☐ Add ☒ Remove
MGRM	YOHAN I JIMENEZ	480 NW 103RD TER PEMBROKE PINES, FL 33026	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 10/4/2012



 Signature of a member or authorized representative of a member

CAROLIN COLON

 Typed or printed name of signee