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TALLAHASSEE, FLORIDA

MAR 24 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHHS-Naples LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Bienko
Name of Person

CHHS-Naples LLC
Firm/Company

9 Commerce Rd
Address

Fairfield NJ 07007
City/State and Zip Code

Stephen.Bienko@1800Junkusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Bienko at (201) 317-7989
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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:

CHHS-Naples LLC

SECOND: Document to be corrected is:

Article V, Articles of organization

(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 LLC is not member owned. It is
owned by 42 Holdings LLC EIN#: 463485437
9 Commerce Rd, Fairfield NJ 07004

OR

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

OR

- ☐ The electronic transmission of the record was defective.


Signature of Authorized Representative

2/26/14
Date

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

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