

U4000191547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

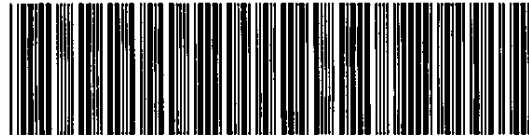
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

DEC 29 2014  
D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Animal Emergency Center Orlando West 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:

HOLLY BROWN-TABBENOR

Name of Person

Animal Emergency Center Orlando West LLC

Firm/Company

1006 PANTHER STREET

Address

OVIEDO, FL 32765

City/State and Zip Code

DIANE@COPELANDCPA.COM

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

For further information concerning this matter, please call:

KAREN R. COPELAND

Name of Person

407

Area Code

365-2909

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

CR2E062 (2/14)

**FILED**  
2014 DEC 19 PM 1:50  
STATE OF FLORIDA  
TALLAHASSEE

**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: Animal Emergency Center Orlando West LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000191547

**THIRD:** Document to be corrected is:  
OWNERS LAST NAME

**(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:

OWNERS LAST NAME WAS LISTED AS TABENOR BROWN

OWNERS LAST NAME SHOULD BE CORRECTED TO BROWN-TABBENOR

TYPO WAS MADE ENTERING OWNERS NAME

**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

12-17-14  
Date

2014 DEC 19 PM 1:50  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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