

L 15000070861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

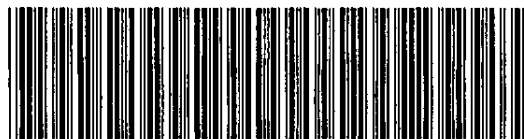
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CLERK OF COURT
TALLAHASSEE, FLORIDA

2016 JAN 29 PM 4:55

FILED

K. SALLY
EXAMINER

FEB -1



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 JAN 29 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 19, 2016

TRUE FOUNDATIONS TREATMENT LLC
KIRK A MONTAGUE
9944-A 61ST WAY SOUTH
BOYNTON BEACH, FL 33437

SUBJECT: TRUE FOUNDATIONS TREATMENT LLC
Ref. Number: L15000070861

We have received your document for TRUE FOUNDATIONS TREATMENT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 516A00001120

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE FOUNDATIONS TREATMENT, 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:

KIRK A. MONTAGUE
Name of Person

TRUE FOUNDATIONS TREATMENT, LLC
Firm/Company

9944-A 61ST WAY South
Address

BOYNTON Bch, FL 33437
City/State and Zip Code

KAMM44, INC @ GMAIL . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIRK MONTAGUE at (561) 880-1777
Name of Person 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

FILED
2016 JAN 29 PM 4:55
CLERK OF COURT
JASPER, ALABAMA
2015

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOSEPH, MILISITZ A.	1499 W. PALMETTO PARK RD #172	☐ Add
		BOCA RATON, FL 33486	☒ Remove
			☐ Change
AMBR	MONTAGUE, GRACE M.	9944-A 61 ST WAY South	☐ Add
		BOCA RATON, FL 33437	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2016 JUN 29 11:45 AM
JOSEPH MILISITZ
BOCA RATON, FL 33486

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

2016 JAN 29 PM 4:56
FBI - PHOENIX

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

KIRK A. MONTAGUE

Typed or printed name of signee