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(Requestor's Name)

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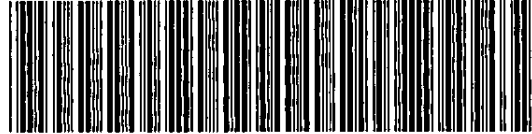
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AUG 05 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Santosh Pillai DO, 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:

Santosh Pillai
Name of Person

Firm/Company

2686 Merrie Oaks Road
Address

Winter Park, Florida 32792
City/State and Zip Code

santoshpillaiDO@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina Duffy at (516) 238-4217
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:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$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: Santosh Pillai, DO, LLC

SECOND: The Florida Document number of the limited liability company is: L15000127656

THIRD: Document to be corrected is:

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 effective date for the LLC should be
7/28/2015 NOT 8/28/2015. Reason for change
is an error was made while inputting.

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]
Signature of Authorized Representative

7/30/15
Date

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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