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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Compassionate Care Assisted Living Facility
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:

Huguetta Portlogs
Name of Person

Compassionate Care A.L.F. LLC
Firm/Company

23495 Altman
Address

Port Charlotte FL, 33980
City/State and Zip Code

Wilson Aubourg @ G.mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilson Aubourg at (805) 469-8587
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

