

L15000190530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

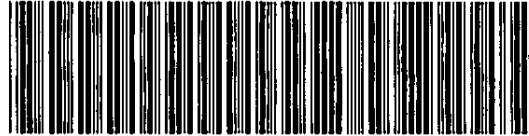
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000279697730

12/07/15--01020--015 **25.00

FILED
2015 DEC -7 A 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 08 2015

3 MASON

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:

Huguette Port Louis
Name of Person

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

234195 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) 469-8581
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: Compassionate Care
assisted Living facility

SECOND: The Florida Document number of the limited liability company is: L 15000190530

THIRD: Document to be corrected is: Articles of organization / Registered Agent
Information / 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:

- ① Effective DATE 11/04/2015, WE ARE NOT
GOING TO HAVE REVENUE UNTIL 2016. EFFECTIVE 01/01/2016
- ② Registered Agent, Port Louis Hugnette. misspelled as 14 phon
should HAVE Hyphen, Port Louis, Hugnette
OR All one word

☐ 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.

WILSON AOB6 an 12-3/15
Signature of Authorized Representative Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Hugnette Port Louis
Registered Agent's Signature

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

REARY OF STATE
AHASSEE, FLORIDA

DEC - 7 A 9:56

FILED