

L16000207735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

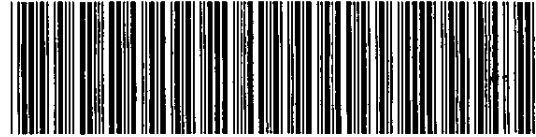
(Business Entity Name)

(Document Number)

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600 DEC 19 P 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

DEC 21 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2016

SAMIA WAHBA  
3573 DOVE HOLLOW CT  
PALM HARBOR, FL 34683

SUBJECT: CARE PLUS TRANSPORTATION, LLC  
Ref. Number: L16000207735

We have received your document for CARE PLUS TRANSPORTATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 716A00024857

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **CARE PLUS TRANSPORTATION, 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:

**SAMIA WAHBA**

Name of Person

Firm/Company

**3573 DOVE HOLLOW CT**

Address

**PALM HARBOR, FL 34683**

City/State and Zip Code

**CAREPLUS@CAREPLUSTRANSPORTATION.COM**

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

For further information concerning this matter, please call:

**SAMIA WAHBA**

Name of Person

**813**

Area Code

**948-4602**

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: CARE PLUS TRANSPORTATION LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000207735

**THIRD:** Document to be corrected is: LLC EFFECTIVE DATE *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:

EFFECTIVE DATE. IT READS 11/14/2016. I FORGOT TO MAKE IT 1/1/2017.

NEW LLC EFFECTIVE DATE SHOULD READ: 01/01/2017.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILED**  
JAN 15 2017 P 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OR**

- ☒ The electronic transmission of the record was defective.

Margaret Salaheldin 12-15-2016  
\_\_\_\_\_  
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.*

Margaret Salaheldin  
\_\_\_\_\_  
Registered Agent's Signature

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