

2/10/2017

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HCR MANOR CARE SERVICES OF FLORIDA III, LLC**

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DIVISION OF CORPORATIONS

O SIMMONS

FEB 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCR ManorCare Services of Florida III, 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:

Cheryl Adamski

Name of Person

HCR ManorCare

Firm/Company

333 N. Summit Street

Address

Toledo, Ohio 43604

City/State and Zip Code

cadamski@hcr-manorcare.com

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

For further information concerning this matter, please call:

Cheryl Adamski

419

252-5837

Name of Person

at (

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6217

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6217

**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: _____
HCR Manor Care Services of Florida III, LLC

SECOND: The Florida Document number of the limited liability company is: L17000007509

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:

Principal Office Address is incorrect:

Correct Principal Office Address is: 150 S. Pine Island Rd., #540, Plantation, FL 33324

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 of Authorized Representative: Patricia A. McConick

2-6-2017

Date

Filing Fee: \$25.00
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