

L17000224309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 AUG -7 PM 4:43

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AUG 07 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2018

SECOND REQUEST
LISA G LEATH
13800 DEER CHASE PLACE
JACKSONVILLE, FL 32224

SUBJECT: THE HEALING CLINIC OF FLORIDA, LLC
Ref. Number: L17000224309

We have received your document for THE HEALING CLINIC OF FLORIDA, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 718A00015004

August 6, 2018

Registration Section
Division of Corporations
ATTENTION: Brittany
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301

Reference: The Healing Clinic of Florida
Statement of Correction for LLC, Amendment
DOCUMENT# L17000224309

Hi Brittany,

Please find attached the paperwork for the amendment of the LLC, The Healing Clinic of Florida.

I understand that the previous paperwork I sent on July 12, 2018 was returned to The Healing Clinic of Florida on July 21, 2018 to 4063 Salisbury Road, Suite 205, Jacksonville, FL 32216.

I was not notified that the paperwork was returned until I called your office today to see why the amendment had not been filed.

Per our conversation today, I was told that the filing fee of \$25.00 was posted to the account.

I am returning the completed, signed paperwork for the amendment.

If you will, please contact me at 904-545-5700 to let me know when you receive the attached paperwork and that you have everything necessary to make the changes.

Thank you in advance for your help with this matter.



Lisa G. Leath
The Healing Clinic of Florida, LLC AR

2018 AUG -7 AM 11:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Healing Clinic Of Florida, 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:

Lisa G. Leath

Name of Person

The Healing Clinic Of Florida, LLC

Firm/Company

4063 Salisbury Road, Suite 205

Address

Jacksonville, FL 32216

City/State and Zip Code

thehealingclinicofflorida@gmail.com

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

For further information concerning this matter, please call:

Lisa G. Leath

Name of Person

904

Area Code

545-5700

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: The Healing Clinic Of Florida, LLC

SECOND: The Florida Document number of the limited liability company is: L17000224309

THIRD: Document to be corrected is: 2018 Florida Limited Liability Company Annual Report

(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:

Alonzo A. Boyd, 53 Holburn Ave., Cranston, RI 02910 should be added as an AR.

Lisa G. Leath, 13800 Deer Chase Place, Jacksonville, FL 32224, should be listed only as AR.

Omission of Mr. Boyd and miscategorization of Ms. Leath were inadvertent and not intentional.

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.

Lisa G. Leath _____
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.

Registered Agent's Signature

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