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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLEVELAND REHABILITATION CENTER, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EILEN CAMACHO

Name of Person

CLEVELAND REHABILITATION CENTER, LLC

Firm/Company

35 BARKLEY CIRCLE

Address

FT MYERS - FL - 33907

City/State and Zip Code

CLEVELAND.MEDCTR1@GMAIL.COM

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

For further information concerning this matter, please call:

EILEN CAMACHO

786 9736270
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MERCEDES PEREIRA		<input type="checkbox"/> Add
		35 BARKLEY CIRCLE, FT MYERS FL 33907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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19 OCT 18 PM 11:00
STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

19 OCT 18 PM 11:14
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19 OCT 18 AM 11:14
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, 19____.

Signature of a member or authorized representative of a member

EILEN CAMACHO

Typed or printed name of signee