

L18 000 159858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

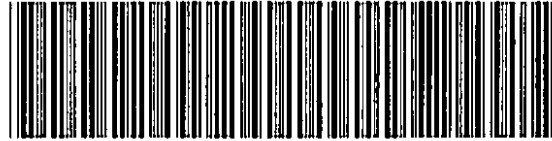
(Business Entity Name)

(Document Number)

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2022 NOV 10 AM 8:19  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L.M PSYCHOTHERAPY SERVICES 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:

LUCKNER MONEXE

Name of Person

L.M. PSYCHOTHERAPY, MSW, LLC

Firm/Company

140 NE 84TH ST UNIT 380261

Address

MIAMI, FLORIDA 33238

City/State and Zip Code

lucknermonexe@yahoo.com

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

For further information concerning this matter, please call:

LUCKNER MONEXE, MSW

305

812-4015

Name of Person

at ( )

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

CR2E062 (9/15)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2022

LUCKNER MONEXE  
140 NE 84TH ST 84 UNIT 380261  
MIAMI, FL 33238

SUBJECT: L. M. PSYCHOTHERAPY SERVICES LLC  
Ref. Number: L18000159858

We have received your document for L. M. PSYCHOTHERAPY SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the Statement of Correction the Third line should be what you are correcting. Under where it say inncorrect statement is where you would list the correct name. List exactly how the name should have been listed.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 522A00024213

NOV 10 2022

**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: L.M PSYCHOTHERAPY SERVICES LLC

**FILED**  
2022 NOV 10 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FL

**SECOND:** The Florida Document number of the limited liability company is: L18000159858

**THIRD:** Document to be corrected is: LUCKNER MONEXE, MSW, LLC

**(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:

LUCKNER MONEXE, MSW, LLC

**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

Date

7/27/22

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)