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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: North American Veterinary Health Center LLC
Name of Limited Liability Company

Sir or Madam:

enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tatiane Rodrigues de Almeida
Name of Person

North American Veterinary Health Center
Firm/Company

680 S. Central Blvd. Suite 112
Address

Jupiter-FL 33458
City/State and Zip Code

tatiane@navhc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tatiane Rodrigues de Almeida at (561) 250-6580
Name of Person 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

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

uant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

ST: The name of the limited liability company is: North American Veterinary Health Center LLC

OND: The Florida Document number of the limited liability company is: 419000277502

RD: Document to be corrected is: effective date immediate 12/19/19

(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 immediate 12/19/19

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 12-19-19

ature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign
oting the designation).

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
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the
ations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely
at a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing
s change.*

Registered Agent's Signature

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