

h22000216817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

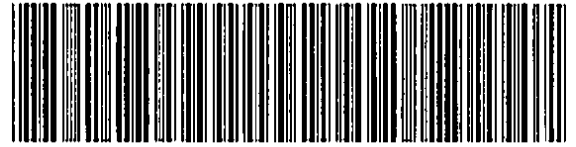
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Sign in proper spot.*

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2022 SEP 27 PM 2:08

*Statement  
of  
Correction*

OCT 13 2022

D CUSHING

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: LC Behavior Therapy Services LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorena Canto  
Name of Person

LC Behavior Therapy Services LLC  
Firm Company

3612 ne 9th ave  
Address

Cape Coral, FL 33909  
City State and Zip Code

Lorenacanto00@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorena Canto at ( 786 ) 299-3122  
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

CR2E062 (9-15)

2022 SEP 27 PM 2:08

11/11/2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2022

LORENA CANTO  
LC BEHAVIOR THERAPY SERVICES LLC  
3612 NE 9TH AVE  
CAPE CORAL, FL 33909

SUBJECT: LC BEHAVIOR THERAPY SERVICES LLC  
Ref. Number: L22000018902

We have received your document for LC BEHAVIOR THERAPY SERVICES 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):

The document must be signed by a member or an authorized representative of a member.

Please return 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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 022A00018902

RECEIVED  
2022 SEP 27 AM 11:58

**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: LC behavior Therapy  
Services LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000216817

**THIRD:** Document to be corrected is: Entity name

**(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:
- ~~Behavior Therapy~~ LC behavior Services LLC is Incorrect  
The correct spelling: LC behavior Therapy  
Services 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.

X \_\_\_\_\_ 29/01/2022  
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.*

X \_\_\_\_\_  
Registered Agent's Signature

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