

h22 000 228170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

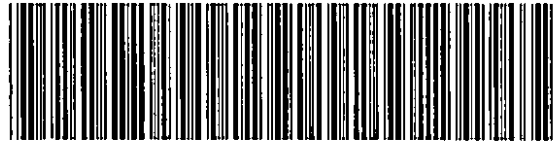
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700389415907

06/14/22--01019--027 **30.00

FILED
2022 JUN 14 AM 7:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP - 1 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCC Therapeutic 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:

Maureen Charis Carbone
Name of Person

Firm/Company

23606 SE 14 Court
Address

Homestead, FL 33035
City/State and Zip Code

maureencharis12345@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maureen Charis Carbone at (786) 444-4887
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**

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: MCC Therapeutic Services LLC

SECOND: The Florida Document number of the limited liability company is: L22000228170

THIRD: Document to be corrected is: Registered Agent Name Correction

(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:

Incorrect: Maureen C. Carbonell
Reason the statement is incorrect: the "C" needs to be
spelled out; Corrected statement: Maureen Charis Carbonell

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.

Maureen Charis Carbonell 6/6/12/2022
Signature of Authorized Representative Date

FILED
2022 JUN 14 AM 7:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Maureen Charis Carbonell
Registered Agent's Signature

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

Florida

DRIVER LICENSE

CG26-540-72607-0

FLORIDA CUSTOMER

FLORIDA CUSTOMER

FLORIDA CUSTOMER

FLORIDA CUSTOMER

FLORIDA CUSTOMER

FLORIDA CUSTOMER

FLORIDA CUSTOMER

FLORIDA CUSTOMER

FLORIDA CUSTOMER

FLORIDA CUSTOMER

FLORIDA CUSTOMER

FLORIDA CUSTOMER



21
01004138123
22017



CLASS: E - Any non-commercial use with a cover < 25,001 lbs.
or any SV

REST: None

END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS
OF ADDRESS OR NAME CHANGE
WWW.FLHSMV.GOV