

m070000004706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

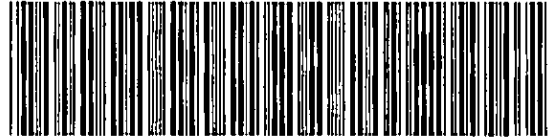
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 JAN 10 PM 12:05
TALLAHASSEE, FLORIDA

J. LEGGETT
JAN 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2017

JOHN R OLSEN
1900 SUNSET HARBOR DR, 2ND FL
MIAMI BEACH, FL 33139

SUBJECT: ASSETS RECOVERY CENTER INVESTMENTS, LLC
Ref. Number: M07000004706

We have received your document for ASSETS RECOVERY CENTER INVESTMENTS, LLC and your check(s) totaling \$43.75. 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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 317A00024346



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2017

JOHN R OLSEN
1900 SUNSET HARBOR DRIVE, 2ND FLOOR
MIAMI BEACH, FL 33139

SUBJECT: ASSETS RECOVERY CENTER INVESTMENTS, LLC
Ref. Number: M07000004706

We have received your document for ASSETS RECOVERY CENTER INVESTMENTS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00022536

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assets Recovery Center Investment LLC
Name of Corporation

DOCUMENT NUMBER: M07000004706

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John R. Olsen

Name of Contact Person

Assets Recovery Investment LLC

Firm/Company

1900 Sunset Harbor Drive 2nd fl

Address

Miami beach FL 33139

City/State and Zip Code

abarrera@yalemortgage.com

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

For further information concerning this matter, please call:

Andrew Barrera

Name of Contact Person

at (305) 532-1400

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Assets Recovery Center Investments LLC

SECOND: The Florida Document number of the limited liability company is: M07000004706

THIRD: Document to be corrected is: _____

(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:

Please Add: Daniel F Coosemans as Manager


Please Remove: John R Olsen as Manager

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.

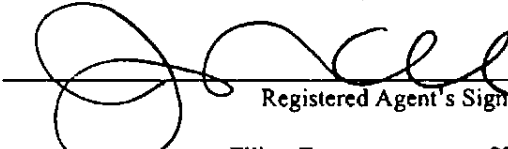
 1/9/2018
Signature of Authorized Representative Date

FILED
JAN 10 PM 12:06
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.


Registered Agent's Signature

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