

MO9000004116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN - 6 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Golden Years Assisted Living and Day Care Center, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maurice Villa
Name of Person

Tri-County Pulmonary
Firm/Company

1507 Buenos Aires Blvd.
Address

The Villages, FL 32159
City/State and Zip Code

mvilla@comcast.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Maurice Villa at (352) 350 1577
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Golden Years Assisted Living and Day Care Center, LLC
2. This entity was formed under the laws of: State of Delaware
3. This entity was authorized to transact business in Florida on 01/16/2009
and its Florida document/registration number is 109000004116
4. The name and address of each manager or managing member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

MARVIC VILLA
16370 SE 90th Court
Summerville, FL 34491

20-5811712

11 JUN -3 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2011

MARIVIC VILLA
GOLDEN YEARS, LLC
16370 SE 90TH COURT
SUMMERFIELD, FL 34491

SUBJECT: GOLDEN YEARS ASSISTED LIVING AND DAY CARE CENTER
LLC
Ref. Number: M09000004116

We have received your document for GOLDEN YEARS ASSISTED LIVING AND DAY CARE CENTER 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):

Please accept our apology for sending the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 211A00011470