

Division of Corporations

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M14000003833

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UCH1, LLC**

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J. HARRIS

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UCH1, 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:

Debbie Secard

Name of Person

Sherry, Meyerhoff, Hanson & Crance LLP

Firm/Company

610 Newport Center Drive, Suite 1200

Address

Newport Beach, CA 92660

City/State and Zip Code

dsecard@calawyers.com

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

For further information concerning this matter, please call:

Debbie Secard

949

719-1200

at (_____) _____

Name of Person

Area Code

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

CR2E062 (2/14)

**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: UCH1, LLC

SECOND: The Florida Document number of the limited liability company is: M14000003833

THIRD: Document to be corrected is:
Application by Foreign Limited Liability Company

(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:

Statements #5 & #6 are incorrect (the parties intended to use the FL address).

The street address of the principal office and the mailing address are as follows:

1950 West 49th Street, Hialeah, FL 33142

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

August 19 2014

Date

Filing Fee: \$25.00
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