

M14000007611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 6 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nocona Nursing Home, 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:

Kimberly D. Cheatwood

Name of Person

Paster, West & Kraner, p.c.

Firm/Company

138 N. Meramec Avenue

Address

Clayton, Missouri 63105

City/State and Zip Code

msw@pwklaw.com

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

For further information concerning this matter, please call:

Kimberly D. Cheatwood

at (314) 446-3436

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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

Paster, West & Kraner, p.c.

Attorneys At Law

Kimberly D. Cheatwood
Legal Assistant
E-mail: kdc@pwklaw.com

October 29, 2014

Florida Secretary of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: *Statement of Correction for Florida or Florida Limited Liability Company*

To whom it may concern:

I am enclosing Statements of Correction for Florida or Florida Limited Liability Company for the following entities, which have been authorized to transact business in Florida:

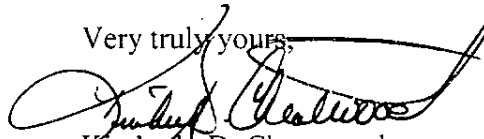
1. Nocona-Henrietta Health Properties, LLC, a Delaware limited liability company;
2. Nocona Nursing Home, LLC, a Delaware limited liability company; and
3. Seven Oaks Nursing Home, LLC, a Delaware limited liability company.

I am also enclosing this firm's check in the amount of \$75.00 in payment of the \$25.00 filing fee for each entity.

Once the applications have been filed, please return them to me at the address listed below.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



Kimberly D. Cheatwood
Legal Assistant

Enclosures

LA\Ball, Hal\Niceville\Corresp\02 - Ltr to FL Sec of State.doc

**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: Nocona Nursing Home, LLC

SECOND: The Florida Document number of the limited liability company is: M14000007611

THIRD: Document to be corrected is:
Application by Foreign LLC for Authorization to Transact Business in FL

(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:

A typo was made on the address of the principal office, the mailing address, the

address of the person who has authority to manage and the registered agent.

The correct address is PMB 158, 5342 Clark Road, Sarasota, Florida 34233.

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

Hal C. Ball

October 27, 2014

Date

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

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TALLAHASSEE, FLORIDA