

P 12000043643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

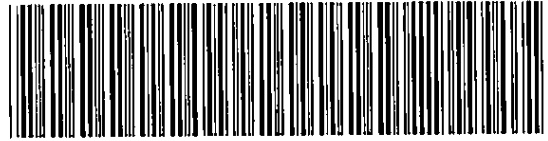
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A. RIVERS

JUL 18 2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EL ROBLE ASSISTED LIVING FACILITY INC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HILDA SANCHEZ

\_\_\_\_\_  
Name of Person

EL ROBLE ASSISTED LIVING FACILITY INC

\_\_\_\_\_  
Firm/Company

300 SW 2ND DR

\_\_\_\_\_  
Address

BELLE GLADE, FL 33430

\_\_\_\_\_  
City/State and Zip Code

HILDASANCHEZ9690@YAHOO.COM

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

For further information concerning this matter, please call:

HILDA SANCHEZ

561 261 - 3756  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

**If Changing Registered Agent, Signature of New Registered Agent**



[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 15 2023

HILDA SANCHEZ

Typed or printed name of signee

**Filing Fee: \$25.00**