

L19 0000 63714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

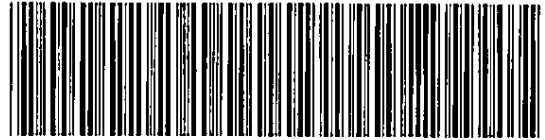
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brite Plans, LLC
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:

Eliberto Gracia
Name of Person

Brite Plans, LLC
Firm/Company

1 Oakwood Blvd #200
Address

Hollywood, FL 33020
City/State and Zip Code

Ely@VitaloneHealth.Com
(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

Eliberto Gracia at (305) 345-8836
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

Brite Plans LLC

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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ST. LOUIS, MO
FALL 2013
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②

11

19 DEC 13 PM 2:34
SUN 12/18/13
FALL 2013

41

(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 December 13, 2019

Signature of a member or authorized representative of a member

Eliberto Gracia

Typed or printed name of signee

Filing Fee: \$25.00