

L13000144706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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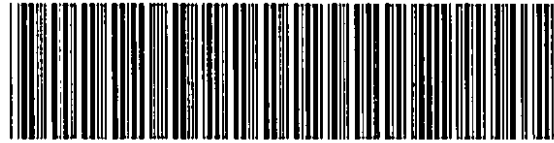
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D SCOTT
JAN 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Private Care, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theresa L. Minnis

Name of Person

Legacy Private Care, LLC

Firm/Company

759 S. Federal Hwy Ste 303

Address

Stuart, FL 34994

City/State and Zip Code

Legacyprivatecare@gmail.com

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

For further information concerning this matter, please call:

Theresa L. Minnis at (772) 286-1788
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

☐ \$55 Filing Fee & Certified Copy

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