

LI4000112839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 13 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAUGH AND LEARN HOME CHILD CARE, LIMITED LIABILITY COMPANY

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:

JONES, ABIGAL L

Name of Person

LAUGH AND LEARN HOME CHILD CARE, L.L.C

Firm/Company

8231 HALLS HAMMOCK CT

Address

JACKSONVILLE, FL 32244

City/State and Zip Code

Abigailvis@bellsouth.net

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

For further information concerning this matter, please call:

ABIGAL JONES

904 662-2412
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2017

ABIGAL L JONES
8231 HALLS HAMMOCK CT
JACKSONVILLE, FL 32244

SUBJECT: LAUGH AND LEARN HOME CHILD CARE, LIMITED LIABILITY
COMPANY
Ref. Number: L14000112839

We have received your document for LAUGH AND LEARN HOME CHILD CARE, LIMITED LIABILITY COMPANY and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 217A00010925

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TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	King, James A, Jr.	4089 Everett Ave	<input type="checkbox"/> Add
		Middleburg Fl 32068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	King, Shannon L	4089 Everett Ave	<input type="checkbox"/> Add
		Middleburg Fl 32068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

2017 JUN 12 PM 9:12

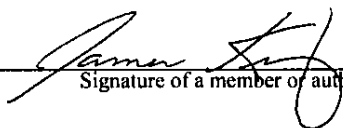
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____, _____.



Signature of a member or authorized representative of a member

James King

Typed or printed name of signee

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TALLAHASSEE FLORIDA