

L14000168708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

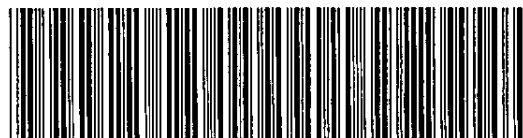
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 FEB 26 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
FEB 27 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2017

YRENE SESSA
3801 N UNIVERSITY DR
STE 401
SUNRISE, FL 33351

SUBJECT: BRIGHT KIDS DAY CARE & BILINGUAL PRESCHOOL LLC
Ref. Number: L14000168708

We have received your document for BRIGHT KIDS DAY CARE & BILINGUAL PRESCHOOL LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 817A00019955

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bright Kids Day Care & Bilingual Preschool 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:

Yrene Sessa

Name of Person

Bright Kids Day Care & Bilingual Preschool LLC

Firm/Company

3801 N University Dr , Suite 401

Address

Sunrise, Florida 33351

City/State and Zip Code

brightkidsusa@gmail.com

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

RECEIVED
FEB 26 2013

For further information concerning this matter, please call:

Yrene Sessa

954

440-3512

at ()

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

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (9/15)

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FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY