114000/68708

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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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.

Letter Number: 817A00019955

Octavia L Simmons Regulatory Specialist II

www.sunbiz.org

COVER LETTER

то:		istration Sec sion of Cor					
SUBJ	ECT:	Bright k	Kids Day Care & Bi	lingua	al Prescho	ool	LLC
Name of Limited Liability Company							
Dear S	Sir or N	ladam:					
The er	iclosed	Statement	of Correction and fee(s) ar	e submi	itted for filing	; .	
Please	return	all correspo	ondence concerning this m	atter to	the following	ļ: ·	
Yre	ne S	essa					
		,	Name of Person			•	
Brig	ht Ki	ds Day C	Care & Bilingual Pre	escho	ol LLC		,;
Firm/Company						-	RECEIVE
3801 N University Dr , Suite 401						•	RECENTED FEB 2 6 2013
			Address			-	
Sur	ırise,	Florida	33351				
		C	ity/State and Zip Code			-	
brig	htkid	susa@g	ımail.com				
	É-mail	address: (to	be used for future annual	report r	notification)	- *	
			concerning this matter, ple	ase call			440 2512
Yrene Sessa				at (954		440-3512
		Name	af Person	ar (Area Code	·	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301						Rep Div P.C	AHANG ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314
Enclo	sed is	a check for	the following amount:				
\$:	25 Filir	ng Fee	S30 Filing Fee & Certificate of Status		55 Filing Fee fied Copy	&	S60 Filing Fee, Certificate of Status & Certified Copy
CR2I	063 (9	/15)					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: ______ Bright Kids Day Care & Bilingual Preschool The Florida Document number of the limited liability company is: L14000168708 SECOND: Document to be corrected is:_Article II THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT X Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Incorrect Statement: 3270 NW 113th Ave, Sunrise, Florida 33323 (Principal Address) 3270 NW 113th Ave, Sunrise, Florida 33323 (Mailing Address) Correct Statement: 3801 N University Dr. Sunrise, Florida 33351 (Principal Address) 3801 N University Dr. Sunrise, Florida 33351 (Mailing Address) OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Date Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered facent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Registered Agent's Signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)