

L15000017265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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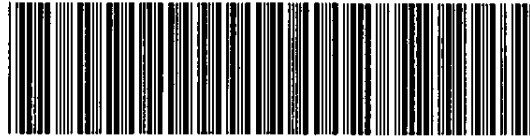
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED FEB 11 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mainstay Home Health
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:

Jennifer Sims

Name of Person

Mainstay Home Health

Firm/Company

710 Oakfield Drive #263

Address

Brandon, Florida 33511

City/State and Zip Code

mainstayhomehealth@gmail.com

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

For further information concerning this matter, please call:

Jennifer Sims

Name of Person

at (813) 732-6398

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

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: Mainstay Home
Health, LLC

SECOND: The Florida Document number of the limited liability company is: L15000013265

THIRD: Document to be corrected is:
Article III and Addresses of All officers

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article III states the purpose of the business,
RA did not understand this Article, but after
researching the meaning, it should have stated
"Any and All Lawful Business"

OR

* please see attached sheet



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.

Jennifer Sims
Signature of Authorized Representative

1/27/15
Date

SECRETARY OF STATE
JANUARY 27 2015
15 FEB -4 AM 8:57
ALL FILINGS
FLORIDA

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

✓. The addresses of All officers gives their home address, but the RA would like for all three addresses to be as follows.

Jennifer Sims
710 Oakfield Drive
Suite 263
Brandon, FL 33511

Joy Sims
710 Oakfield Drive
Suite 263
Brandon, FL 33511

Quanshanna Sims
710 Oakfield Drive
Suite 263
Brandon, FL 33511

FILED
15 FEB -4 AM 8:57
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Jennifer Sims 1/27/15