

LIS 0000 28405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2015

IRENE JOSEPH
7571 BUCHANAN ST
HOLLYWOOD, FL 33024

SUBJECT: NURSE FOR RENT, LLC
Ref. Number: L15000028405

We have received your document for NURSE FOR RENT, LLC and your check(s) totaling \$35.00. 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.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 515A00004833

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NURSE FOR RENT, LLC
Name of Corporation

DOCUMENT NUMBER: C 25000028405

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRENE JOSEPH
Name of Contact Person

NURSE FOR RENT, LLC
Firm/Company

7571 Buchanan St.
Address

HOLLYWOOD FL 33024
City/State and Zip Code

NURSE 4 RENT. FL @GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRENE JOSEPH at (954) 673 5772
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: NURSE FOR RENT, LLC

SECOND: The Florida Document number of the limited liability company is: L15000028405

THIRD: Document to be corrected is:
NURSE FOR RENT, LLC (CORPORATE NAME)

(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:

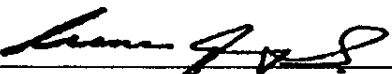
NURSE FOR RENT, LLC IS NOT CORRECT,
THE CORRECT NAME IS: NURSE 4 RENT, LLC

OR

☐ 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.


Signature of Authorized Representative

3/16/2015
Date

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