

L17000181337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

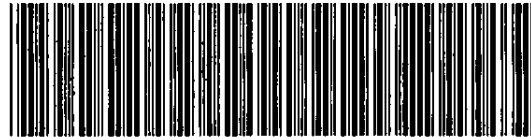
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
2018 APR 23 AM 9:41
CLERK OF COURT
HALL COUNTY, GEORGIA

APR 24 2019
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LVK Health Care Staffing Services LLC
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:

Christine Knight
Name of Person

LVK Health Care Staffing Services LLC
Firm/Company

13530 Uista Del Lago Blvd
Address

Clermont, FL 34711
City/State and Zip Code

CyvKnight@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Knight at (644) 961-8595
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

April 4, 2018

CHRISTINE KNIGHT
13530 VISTA DE LAGO BLVD
CLERMONT, FL 34711

SUBJECT: LVK HEALTH CARE STAFFING SERVICES LLC
Ref. Number: L17000181337

We have received your document for LVK HEALTH CARE STAFFING SERVICES 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):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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: 618A00006817

RECEIVED

2018 APR 23 PM 2:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR 23 AM 9:41

FILED

LVK Health Care Staffing Services LLC

Page 1 of 3

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>
CEO	Sean Carter	1498 Remsen Ave Bklyn, NY 11236	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single page from a notebook or ledger. It features ten evenly spaced, horizontal black lines across its entire width, providing a guide for writing. The background is plain white, and there are no margins, text, or other markings present.

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.

Dated April 17, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2018 APR 23 AM 9:41
U.S. DEPT. OF JUSTICE
FBI - NEW YORK