

L17000209196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

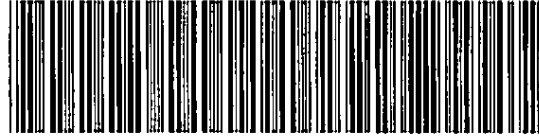
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/14/17--01013--008 \*\*60.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2017

TRACIE PACHECO  
2770 INDIAN RIVER BLVD, SUITE 329  
VERO BEACH, FL 32960 US

SUBJECT: GENEX MEDICAL LLC  
Ref. Number: L17000209196

We have received your document for GENEX MEDICAL LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 217A00025389

2017 DEC 29 AM 11:31

TALLAHASSEE, FLORIDA

*Fyi:  
Already Paid Full!  
you cashed my  
check  
for \$60.*

*Signed*

*Thank you!*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Genex Medical, 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:

**Tracie Pacheco**

Name of Person

**Genex Medical**

Firm/Company

**2770 Indian River Blvd. Suite 329**

Address

**Vero Beach, FL. 32960**

City/State and Zip Code

**TraciePRP@gmail.com**

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

For further information concerning this matter, please call:

**Tracie Pacheco**

Name of Person

at ( **321** )

Area Code

**482-6832**

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: Genex Medical

**SECOND:** The Florida Document number of the limited liability company is: L17000209196

**THIRD:** Document to be corrected is: L17000209196

**(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:

The start date of the company is incorrect. It needs to be changed to Jan 15th 2018

**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.

Trace Pacheco Dec-18-2017  
Signature of Authorized Representative Date

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent 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)**