

73440

| (Req | uestor's Name) | |
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| (City | /State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nam | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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DIVISION OF CORPORALION

M. MILLIGAN APR 27 2018



April 19, 2018

MARIE A J ROMAIN 5933 NW HANN DR PORT ST LUCIE, FL 34986

SUBJECT: MARIE HOME HEALTH COMPANION LLC

Ref. Number: L18000073440

We have received your document for MARIE HOME HEALTH COMPANION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You did not indicate what do you want to change on the application

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.

Letter Number: 518A00008031

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

CR2E062 (9/15)

Registration Section, Division of Corporations

MARIE HOME HEALTH COMPANION LLC

| SUBJECT: 4 = - | * | Vame of Limited Liabil | |
|---|--|---------------------------------|--|
| | 1 | was at we are the | · · · · · · · · · · · · · · · · · · · |
| Dear Sir or Madam: | | | |
| The enclosed Statement | of Correction and fee(s) a | re submitted for filing. | |
| Please return all correspo | ondence concerning this n | natter to the following: | |
| Marie A J F | Romain | | |
| | Name of Person | | |
| | | | |
| se 'V | Firm/Company | | |
| 5933 nw ha | ann dr | | |
| - | Address | | |
| Port st lucie | | | |
| | ity/State and Zip Code | | |
| jcr.romain@ | gmail.com | | |
| E-mail address: (to | be used for future annual | report notification) | |
| For firsther information | onnocumina thia maticu ula | anga an Ùi | |
| | concerning this matter, ple | | |
| Marie A J F | Romain | _{at (} 561 | 703-0929 |
| Name i | of Person | Area Code | Daytime Telephone Number |
| STREET/COURIER A | DDRESS: | | MAILING ADDRESS: |
| Registration Section Division of Corporations | ; | | Registration Section Division of Corporations |
| Clifton Building | | F | P.O. Box 6327 |
| 2661 Executive Center C Tallahassee, Florida 323 | | 7 | Fallahassee, Florida 32314 |
| Enclosed is a check for | the following amount: | | |
| \$25 Filing Fee | S30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | S60 Filing Fee, Certificate of Status & Certified Copy |

STATEMENT OF CORRECTION

FOR FOR SECRETARY OF STATE FLORIDA OR FOREIGN LIMITED LIABILITY COMPANYOIVISION OF CORPORATIONS

| Many Home Health Companies 180000\$73440 THIRD: Document to be corrected is: At titles of Organization (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 name home health on my projected operating license wouldn't work The name home health on my projected operating license wouldn't work 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. 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. Date Signature of Authorized Representative Date Signature of Authorized Representative Date Signature of Authorized Representative Date Signature of Authorized Representative according the registered agent, the new registered agent must sign accepting the designation). New Registered Agent. Signature is Signature and complete performance of my duties, and I am familiar with and accept 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 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 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 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 | Pursuar | at to section 605.0209, F.S., this document is being submitted to correct a previously filed document and the 27 APII: 26 |
|---|---|--|
| THIRD: Document to be corrected is: At titles of Organization 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 name home health on my projected operating license wouldn't work The name home health on my projected operating license wouldn't work The name home health on my projected operating license wouldn't work OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: 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: Thereby 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 filled to merting reflect a change in the registered agent as provided for in Chapter 605, F.S. Or. if this document is being filled to merting reflect a change in the registered address, I hereby confirm that the limited liability company has been notified to merting | <u>FIRST</u> | |
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| The electronic transmission of the record was defective. Marie & Standard D4-16-2018 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: Thereby 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 address, I hereby confirm that the limited liability company has been notified in writing | | <u>OR</u> |
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| 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 | | |
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| regioned right a dignature | | Registered Agent's Signature |

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

·CR2E062 (9/15)