

L18000098974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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300323901603

02/26/19--01016--026 **16.25

01/31/19--01024--011 **43.75

FILED
2019 FEB 25 PM 3:18
CLERK OF COURT
HALL COUNTY, FL

C. GOLDEN
FEB 27 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine State Midwifery 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:

Jennifer Stone
Name of Person
Sunshine State Midwifery Services
Firm/Company
1988 Ashton St
Address
Middleburg, FL 32068
City/State and Zip Code
Sunshinestatemidwifery@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Stone at 904, 654-8647
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

February 7, 2019

JENNIFER STONE
1988 ASHTON STREET
MIDDLEBURG, FL 32068

SUBJECT: SUNSHINE STATE MIDWIFERY SERVICES LLC
Ref. Number: L18000098974

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 219A00002727

RECEIVED

2019 FEB 25 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Sunshine State Midwifery Services, LLC

GOALASSSEE, R.

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>
mGR	Bachael A. Larsen	130 Jackson Rd	<input type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input checked="" 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 sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 2-20-19 - February 20, 2019

Jennifer Stone LM, CPM
Signature of a member or authorized representative of a member

Jennifer Stone LM, CPM
Typed or printed name of signee