

L19000122020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

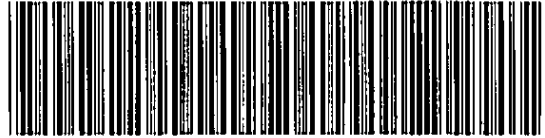
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2021 JAN -5 AM 9:11
SEC. TOLSON
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

O SIMMONS
JAN 13 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2020

VANESSA LENNON
7527 NW 25TH ST
MARGATE, FL 33063

SUBJECT: EMINENCE NURSING SERVICES LLC
Ref. Number: L19000122020

We have received your document for EMINENCE NURSING SERVICES 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):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA 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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 620A00025071

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eminence Nursing Services LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanessa Lennon

Name of Person

Eminence Nursing Services LLC

Firm/Company

7527 NW 25th St

Address

Margate FL 33063

City/State and Zip Code

eminencenursingservices@gmail.com

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

For further information concerning this matter, please call:

Vanessa Lennon

Name of Person

at (904) 643-1243

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Eminence Nursing Services LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

7527 NW 25th Street
Margate FL 33063
6/3/2019

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

4300 S Jog Rd #541771
Lake Worth FL, 33454
L19000122020

3. Date of filing/registration in Florida

4. Document number

5. (a) Vanessa Lennon
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6099 Farmers Place
Lake Worth, FL. ~~330~~ 33463

(b) Vanessa Lennon
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7527 NW 25th St
NEW Registered Office Address:

Margate, FL. 33063

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**