

L19000 129 261

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(Business Entity Name)

(Document Number)

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2019 MAY 30 PM 3:51

C. GOLDEN

JUN 17 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIB HEALTH CARE SERVICES 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:

MARIE FLORENCE BEAUBIEN-CORDON  
Name of Person

MIB HEALTH CARE SERVICES LLC  
Firm/Company

710 NE 29th ST PH  
Address

MIAMI, FL 33137  
City/State and Zip Code

FBEAUCOR@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE F. BEAUBIEN-CORDON at (305) 571-8507 / 305-799-8586  
Name of Person Area Code 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: MB HEALTH CARE SERVICES  
LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000129261

**THIRD:** Document to be corrected is: ARTICLE 1 (NAME OF THE LIMITED LIABILITY Co.)

**(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:

MB (HEALTH) CARE SERVICES LLC  
"Supposed TO BE (HEALTH)"

**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.

Beausseu-Cordon  
Signature of Authorized Representative

5/24/19  
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)