

L19000276058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

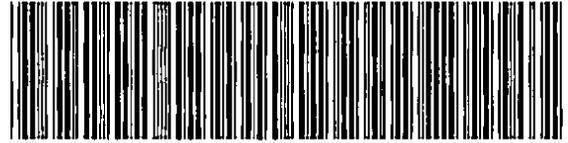
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JUL 21 2020

STATE OF FLORIDA
TALLAHASSEE, FL

2020 DEC -8 AM 10:59

FILED

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DEC 08 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2020

JASON DANIELS
9228 THUNDERBOLT DR.
JACKSONVILLE, FL 32221

SUBJECT: SYLVIA PERSONAL SUPPORT & HOME CARE LLC
Ref. Number: L19000276058

We have received your document for SYLVIA PERSONAL SUPPORT & HOME CARE 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 420A00017387

STATE OF FLORIDA
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sylvia Personal Support Homecare 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:

Jason C Daniels
Name of Person

Sylvia Personal Support Homecare LLC
Firm/Company

9228 Thunderbolt dr
Address

Jacksonville FL 32221
City/State and Zip Code

Daniels Jason35@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Daniels at (904) 365-0485
Name of Person Area Code Daytime Telephone Number

SECRET
TALLAHASSEE, FL

2020 DEC -8 AM 10:59

FILED

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

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>
CEO	Jason Daniels	9228 Thunderbolt dr	<input checked="" type="checkbox"/> Add
		Jacksonville FL	<input type="checkbox"/> Remove
		32221	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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