

LP9000 295580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

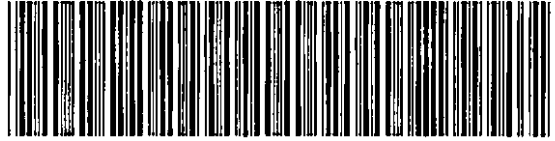
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 DEC 26 PM 1:43  
CLERK OF SUPERIOR COURT  
STATE OF MISSISSIPPI

JAN 29 2020  
C McNAIR



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NURSE STACEY 9, LLC  
Name of Limited Liability Company

RECEIVED  
DIVISION OF CORPORATIONS  
19 Dec 26 PM 1:43

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:

VICTORIA VIGNA  
Name of Person

Bookkeeping Service By Vicki Inc  
Firm/Company

6990 82 Ave N  
Address

Pineellas Park, FL 33781  
City/State and Zip Code

nursestacey9@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTORIA VIGNA at ( 727 ) 459-4258  
Name of Person 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

☒ \$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: NURSE STACEY 9, LLC

**SECOND:** The Florida Document number of the limited liability company is: 419000295580

**THIRD:** Document to be corrected is: Articles 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:

NURSE STACEY 9, LLC FILED IN ERROR SHOULD BE 8605 NUNDY AVE. LLC  
NO EFFECTIVE DATE. DATE WAS OMITTED IN ERROR. SHOULD  
HAVE BEEN 1/1/2020

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.

Stacy Watson  
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:

*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)