

L20000 100308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

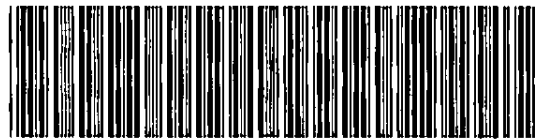
(Business Entity Name)

(Document Number)

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2020 JUN 17 PM 3:48

2 SIMMONS

JUN 17 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2020

ALEXANDER JAIMES
165 NE 24TH ST
MIAMI, FL 33137

SUBJECT: HEALTH PERFORMANCE LLC
Ref. Number: L20000100308

We have received your document for HEALTH PERFORMANCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 920A00011388

A

Health Performance . . .

100

Please return all correspondence concerning this matter to the following:

... ..

Firm Name: _____

— — — — —

City State and Zip Code _____

1. The address, if any, of the party claiming to be the author of the work.

1. *Chrysomelids* 2. *Curculionids* 3. *Chrysomelids* 4. *Chrysomelids* 5. *Chrysomelids* 6. *Chrysomelids* 7. *Chrysomelids* 8. *Chrysomelids* 9. *Chrysomelids* 10. *Chrysomelids* 11. *Chrysomelids* 12. *Chrysomelids* 13. *Chrysomelids* 14. *Chrysomelids* 15. *Chrysomelids* 16. *Chrysomelids* 17. *Chrysomelids* 18. *Chrysomelids* 19. *Chrysomelids* 20. *Chrysomelids* 21. *Chrysomelids* 22. *Chrysomelids* 23. *Chrysomelids* 24. *Chrysomelids* 25. *Chrysomelids* 26. *Chrysomelids* 27. *Chrysomelids* 28. *Chrysomelids* 29. *Chrysomelids* 30. *Chrysomelids* 31. *Chrysomelids* 32. *Chrysomelids* 33. *Chrysomelids* 34. *Chrysomelids* 35. *Chrysomelids* 36. *Chrysomelids* 37. *Chrysomelids* 38. *Chrysomelids* 39. *Chrysomelids* 40. *Chrysomelids* 41. *Chrysomelids* 42. *Chrysomelids* 43. *Chrysomelids* 44. *Chrysomelids* 45. *Chrysomelids* 46. *Chrysomelids* 47. *Chrysomelids* 48. *Chrysomelids* 49. *Chrysomelids* 50. *Chrysomelids* 51. *Chrysomelids* 52. *Chrysomelids* 53. *Chrysomelids* 54. *Chrysomelids* 55. *Chrysomelids* 56. *Chrysomelids* 57. *Chrysomelids* 58. *Chrysomelids* 59. *Chrysomelids* 60. *Chrysomelids* 61. *Chrysomelids* 62. *Chrysomelids* 63. *Chrysomelids* 64. *Chrysomelids* 65. *Chrysomelids* 66. *Chrysomelids* 67. *Chrysomelids* 68. *Chrysomelids* 69. *Chrysomelids* 70. *Chrysomelids* 71. *Chrysomelids* 72. *Chrysomelids* 73. *Chrysomelids* 74. *Chrysomelids* 75. *Chrysomelids* 76. *Chrysomelids* 77. *Chrysomelids* 78. *Chrysomelids* 79. *Chrysomelids* 80. *Chrysomelids* 81. *Chrysomelids* 82. *Chrysomelids* 83. *Chrysomelids* 84. *Chrysomelids* 85. *Chrysomelids* 86. *Chrysomelids* 87. *Chrysomelids* 88. *Chrysomelids* 89. *Chrysomelids* 90. *Chrysomelids* 91. *Chrysomelids* 92. *Chrysomelids* 93. *Chrysomelids* 94. *Chrysomelids* 95. *Chrysomelids* 96. *Chrysomelids* 97. *Chrysomelids* 98. *Chrysomelids* 99. *Chrysomelids* 100. *Chrysomelids*

110 353

None of these

Area Code

Daytime Telephone Number

“உயிர் தப்பி”

Street Address:

Population: 5,000

Registration Section

1. General

Division of Corrections

11. 11/5/22

The Centre of Taliaferro, sec.

Pal. c. 5800. Fl. 3.25-4

2018 N. Monroe Street, Suite 800

Tallahassee, FL 32303

• Please check for the following, if present:

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201 Filing Fee
Certificate of St. .
Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

2020 JUN 17 PM 3:48

I, the undersigned, being the duly authorized representative of the limited liability company, do hereby certify that the following is a true and correct statement of the facts as they are:

1. The Florida Department of Banking Regulation has received a copy of the statement of correction from the limited liability company.

2. The Florida Department of Banking Regulation has received a copy of the statement of correction from the limited liability company.

3. The Florida Department of Banking Regulation has received a copy of the statement of correction from the limited liability company.

STATEMENT OF APPROVAL FOR AND COMPLETE THE APPLICABLE STATEMENT

1. The statement is incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Registered Agent is Alex James

Address is 12345 Main St, Alex James, James

2. The statement is defective.

3. The statement was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The statement is defective.

Signature of Authorized Representative

6/12/20
Date

Signature of the registered agent, if applicable. If not, it correcting the registered agent, the new registered agent must sign, including the designation.

New Registered Agent's Signature, if changing Registered Agent:

I, the undersigned, do hereby certify that I am the registered agent of the limited liability company and I am qualified to act in this capacity. I further agree to comply with the provisions of Chapter 605, F.S., and I am hereby appointed and accept the duties of my position as registered agent of the limited liability company. Chapter 605, F.S. Or, if this document is being filed to merely correct an error in the registered agent information, I hereby certify that the limited liability company has been notified in writing of the correction.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)