

121000316449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

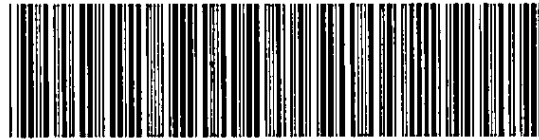
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
Statement of Correction
NAME
CHANGE
D Connell

JAN 14 2022

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 23 PM 12:39

December 7, 2021

DOTSILIN MARRIOTT
16573 76TH STREET N.
LOXAHATCHEE, FL 33470

SUBJECT: PAL IN-HOME CARE "LLC"
Ref. Number: L21000316449

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 621A00029448

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAL In-Home Care 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:

Dotsilin MARRIOTT
Name of Person

PAL In-Home Care LLC
Firm/Company

16573 76th Street N
Address

LOXAHATCHEE, FL 33470
City/State and Zip Code

dreMARR7@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dotsilin MARRIOTT at (561) 335 5838
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: PAL In-Home Care "LLC"

SECOND: The Florida Document number of the limited liability company is: L21000316 449

THIRD: Document to be corrected is: Business Name - PAL In-Home Care "LLC"

(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:

PAL In-Home Care "LLC" should not contain any quotation marks
Correction should be as follows:
PAL In-Home Care LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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TALLAHASSEE, FLORIDA

OR

- ☐ The electronic transmission of the record was defective.

Doreen Harriott 12-15-2021
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)**