

L21000442520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

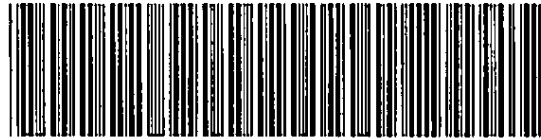
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12/16/21

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SECRET/NOT FOR
PUBLIC RELEASE
2021 DEC 16 AM 11:31
FBI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 16 AM 10:41

November 2, 2021

PATRICIA A DAVIS
196 SW GARTH ST
FORT WHITE, FL 32038

SUBJECT: BRIGHTSIDE HEALTHCARE AGENCY, LLC
Ref. Number: L21000442520

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Querida R Silas
Regulatory Specialist II

Letter Number: 321A00026609

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRIGHTSIDE HEALTHCARE AGENCY, 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:

PATRICIA A DAVIS

Name of Person

BRIGHTSIDE HEALTHCARE AGENCY

Firm/Company

196 SW GARTH ST

Address

FORT WHITE, FL 32038

City/State and Zip Code

brightsidehc2021@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felisa A Davis-Holmes

912

327-3211

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**

FILED

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

2021 DEC 16 AM 11:31

FIRST: The name of the limited liability company is: BRIGHTSIDE HEALTHCARE AGENCY, SECRETARY, C.

SECOND: The Florida Document number of the limited liability company is: L21000442520

THIRD: Document to be corrected is: ARTICLE 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:

The business name is misspelled, currently it is BRiGHTSIDE, the correct spelling should be BRIGHTSIDE.

so the correct business name is BRIGHTSIDE HEALTHCARE AGENCY, LLC

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.

Patricia A. Hines

Signature of Authorized Representative

12/14/21

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.

Patricia A. Hines

Registered Agent's Signature

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