

L24000136109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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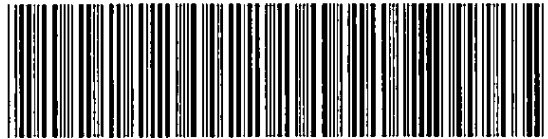
(Business Entity Name)

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06/24/24

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: MOONLIGHT NURSING, 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:

MEILYNA ORTIZ

Name of Person

MOONLIGHT NURSING, LLC

Firm/Company

11314 PINE LILLY PLACE

Address

LAKEWOOD RANCH, FLORIDA 34202

City/State and Zip Code

MEILYN80@GMAIL.COM

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

For further information concerning this matter, please call:

MEILYNA ORTIZ

Name of Person

941 at ()

Area Code

724-2948

Daytime Telephone Number

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

SECRETARY OF STATE
TALLAHASSEE, FL

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If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
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TALLAHASSEE, FL

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TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 11 2024

MEILYNA ORTIZ

Typed or printed name of signee