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COVER LETTER

TO: Registration Sect Division of Corpo			
	gs Carlisie, LLC		
SUBJECT:		Name of Limited Liab	ility Company
Dear Sir or Madam:			
The enclosed Statement of	Correction and fee(s) a	are submitted for tiling	<u>y</u> .
Please return all correspon	dence concerning this r	matter to the following	g:
Randal C. Fairbanks			
	Name of Person		-
Brennan, Manna & Diamo	ond, PL		
	l'irm/Company		-
5210 Belfort Road, Suite	400		
	Address		•
Jacksonville, Florida 3225	66		
City	/State and Zip Code		•
rfairbanks@bmdpl.com			
E-mail address: (to b	e used for future annua	report notification)	-
For further information co	ncerning this matter, pl	ease call:	
Randal C. Fairbanks		904	366-1500
Name of	Person	at (Area Code	Daytime Telephone Number
Mailing Address Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations		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 th	ne following amount:		
■\$25 Filing Fee □	\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ S60 Filing Fee. Certificate of Status & Certified Copy

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

	·		
		STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY ction 605.0209, F.S., this document is being submitted to correct a previously filed document. NRC Holdings Carlisle, LLC	
		FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY	
		etion 605.0209, F.S., this document is being submitted to correct a previously filed document. ame of the limited liability company is: NRC Holdings Carlisle, LLC	
<u>SECO</u>	ND:	The Florida Document number of the limited liability company is: 1.24000206379	
THIR	<u>)</u> :	Document to be corrected is:	
		CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
Ø		ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected nent are as follows:	
	The r	ame of one of the Managers was misspelled.	
	The s	pelling of the name "Neal R. Cline" should be changed to "Neil R. Cline".	
Ø	OR Was o	lefectively signed. The manner in which the document was defectively signed and the appropriate correctio lows:	m are
_	<u>OR</u>		
0	The d	lectronic transmission of the record was defective. 5-31-2024	
	<i>(</i>	Signature of Authorized Representative Date	
		ew registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must designation).	sign
l hereb provisio obligat	y accep ons of c ions of a chang	d Agent's Signature, if changing Registered Agent: I the appointment as registered agent and agree to act in this capacity. I further agree to comply with the Il statutes relative to the proper and complete performance of my duties, and I am familiar with and accept my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to m te in the registered office address, I hereby confirm that the limited liability company has been notified in w	erely
		Registered Agent's Signature	

\$25.00

\$30.00 (optional)

Filing Fee: Certified Copy: