

MO6000000 3015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

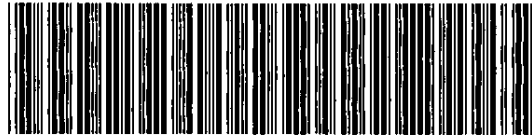
Special Instructions to Filing Officer:

A. LUNT

OCT -7 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lighthouse Nurse Staffing Agency LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA KIMSEY
(Name of Person)
Lighthouse Nursing Services, LLC
(Firm/Company)
1040 KEITH DRIVE
(Address)
PERRY GA 31069
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Lindsay Dailey at (478) 224-2600 X 700
(Name of Person) (Area Code and Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LIGHTHOUSE NURSING SERVICES LLC.
2. This entity was formed under the laws of: GA.
3. This entity was authorized to transact business in Florida on 5-25-2006 and its Florida document/registration number is MO6000003015.
4. The name and address of each manager or managing member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

LINDSEY DAILEY
206 HABERSTAM LANE
PERRY GA 31069

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TALLAHASSEE, FLORIDA

Required Signature: _____

(Signature of Manager, Managing Member or Member)

Filing Fee: \$25