

LD3000039633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

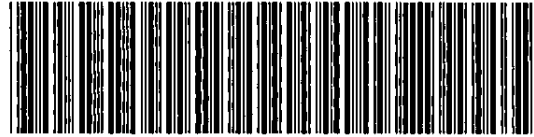
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

Clinical Research Advantage, LLC

SUBJECT: _____
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:

Tasha N. Anderson

Name of Person

Clinical Research Advantage, LLC

Firm/Company

3805 SW 6th Place

Address

Gainesville, FL 32607

City/State and Zip Code

tashaanderson@mindspring.com

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

For further information concerning this matter, please call:

Tasha N. Anderson

Name of Person

at (352)

256-7410

Area Code & 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/COURIER ADDRESS:

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

Clinical Research Advantage, LLC

The Articles of Organization for this Limited Liability Company were filed on 10/09/2003 and assigned
L03000039633
Florida document number _____.

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated September 28th, 2012

Tasha N. Anderson

Signature of a member or authorized representative of a member

Tasha N. Anderson

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA