

410000069120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

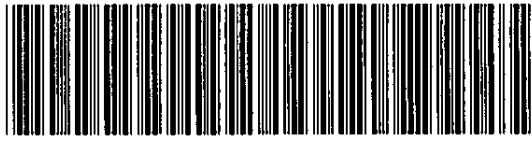
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500186832145

10/11/10
E. DENNARD
AEI

Malave, Erin

From: MarkArzie [qcidoors@aol.com]

Sent: Friday, October 01, 2010 10:56 AM

To: CorpAddressChange

Cc: marzie4406@gmail.com

Subject: add FEIN

Need to add my FEIN to the record please my document #L10000069120 is for Park Place A Medical Spa LLC.

FEIN # 27-2945707 Thank you Mark Arzie 904-813-4406