

M 11 000 063459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

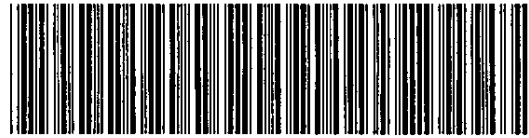
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2013

11 11 11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Laser Spine Institute Consulting, 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:

Ray Monteleone

Name of Person

Firm/Company

612 SE 5th Ave

Address

Suite 6, Ft Lauderdale, FL 33301

City/State and Zip Code

Ray@paladinglobalpartners.com

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

For further information concerning this matter, please call:

Ray Monteleone at (954) 653-1071

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 SEP 10 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 19, 2013

RAYMOND MONTELEONE
612 SE 5TH AVE
STE 6
FT LAUDERDALE, FL 33301

SUBJECT: LASER SPINE INSTITUTE CONSULTING LLC
Ref. Number: M11000003459

We have received your document for LASER SPINE INSTITUTE CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 913A00019765

**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: Laser Spine Institute Consulting LLC

2. This entity was formed under the laws of: Delaware

3. This entity was authorized to transact business in Florida on 7/8/2011
and its Florida document/registration number is M11000003459

4. The name and address of each manager or managing member is as follows:

Title:

Name and Address:

“MGR” = Manager

“MGRM” = Managing Member

MGRM

LSI HoldCo, LLC

3031 N. Rocky Point Dr. W STE 300

Tampa, FL 33607

FILED
13 SEP 10 PM 2:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Required Signature: _____



Signature of Manager, Managing Member or Member

Filing Fee: \$25