

L23000104992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

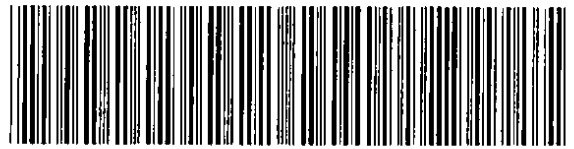
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100410030461

06/08/23--01017--001 **30.00

2023 JUN -8 AM 8:30

A. PARISHANI

SEP - 5 2023

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ANGEL ANAEL HEALTH SERVICES LLC
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:

GLADYS LAPIERRE

Name of Person

ANGEL ANAEL HEALTH SERVICES LLC

Firm/Company

1483 SW 106TH AVE

Address

PEMBROKE PINES FL 33025

City/State and Zip Code

GLADOSH8@YAHOO.COM

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

For further information concerning this matter, please call:

GLADYS LAPIERRE

Name of Person

954

at ()

Area Code

667-2207

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUN -8 AM 8:30

2023 JUN -8 AM 8:30

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 JUL -8 AM 8:31

2023 JUL -8 AM 3:30

03/01/2023

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 05/30 2023

GLADYS LAPIERRE

Signature of a member or authorized representative of a member

GLADYS LAPIERRE

Typed or printed name of signee

Filing Fee: \$25.00