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(City/State/Zip/Phone #)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: New Wave Health Products, 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:

Paul G. Bhasin

Name of Person

New Wave Health Products, LLC

Firm/Company

P O Box 1561

Address

Oldsmar, FL 34677

City/State and Zip Code

pgb6000@aol.com

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

For further information concerning this matter, please call:

Paul G. Bhasin

Name of Person

at (813) 382-7200

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

New Wave Health Products, LLC

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:

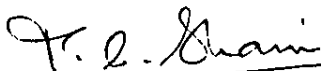
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MM	Hermattie D. Ramnarace	P O Box 1561, Oldsmar, FL 34677	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
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			☐ Add ☐ Remove

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

Dated November 7, 2011



Signature of a member or authorized representative of a member

Paul G. Bhasin

Typed or printed name of signee