

L04000056178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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L204/04/06

FILED
06 APR -3 PM 1:01
SEC. OF STATE
TALLAHASSEE, FLORIDA

7p



WEST VIRGINIA POWER CO.

1. *Introduction*

FILED
06 APR -3 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

- Resignation of Managing Member
- Articles of Amendment
- Written Consent of new Managing Member

Mark D. Taudien
ARRAY healthcare Facilities Solutions, LLC
513 Clematis Street, Suite 405
West Palm Beach, FL 33401

For further information concerning this matter please call: Mark D. Taudien at (561)653-3766

Enclosed is check for:
Filing Fee of \$50.00 for Resignation and Articles of Amendment

C: Carl Davis - Array HFS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2006

MARK D. TAUDIEN
ARRAY HEALTHCARE FACILITIES SOLUTIONS
513 CLEMATIS STREET, SUITE 405
WEST PALM BEACH, FL 33401

SUBJECT: ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC
Ref. Number: L04000056178

We have received your document for ARRAY HEALTHCARE FACILITIES SOLUTIONS, 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):

Enclosed is the proper form for amending your LLC.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 306A00002846

FILED
06 APR -3 PM 1:01
TALLAHASSEE, FLORIDA
STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

MARK D. TAUDIEN
ARRAY HEALTHCARE FACILITIES SOLUTIONS
319 CLEMATIS STREET, SUITE 405
WEST PALM BEACH, FL 33401

SUBJECT: ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC
Ref. Number: L04000056178

We have received your document for ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC and your check(s) totaling \$75.00. However, the document has not been filed and is being retained in this office for the following:

We originally mailed the enclosed documents to the address shown in your letter of January 3, 2006, a copy of which is attached. The documents were returned to us by the Postal Service, so we are re-mailing them to the different address shown on your letterhead.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 806A00012562

FILED
06 APR -3 PM 1:01
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE



ARRAY

healthcare facilities solutions

319 Clematis Street, Suite 405
West Palm Beach, Florida 33401

Phone: (561) 653-3766
Fax: (561) 653-3767

March 29, 2006

Registration Section
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC
DOCUMENT NUMBER L04000056178

Dear Sir or Madam:

Enclosed are the re-submission of following registration changes to aforementioned Company:

- Resignation of Managing Member
- Articles of Amendment

Please return all correspondence concerning this matter to the following:

Mark D. Taudien
ARRAY healthcare Facilities Solutions, LLC
319 Clematis Street, Suite 405
West Palm Beach, FL 33401

For further information concerning this matter please call: Mark D. Taudien at
(561)653-3766

Enclosed is a copy of the Florida Dept of State letter dated January 13, 2006

C: Carl Davis - Array HFS
Jim Kukla

FILED
06 APR -3 PM 1:01
SECOND FLA. DEPT. OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK D. TAUDIEN
(Name of Person)

ARRAY HEALTHCARE FACILITIES SOLUTION, LLC
(Firm/Company)

319 CLEMATIS STREET, SUITE 405
(Address)

WEST PALM BEACH, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK D. TAUDIEN at (561) 653-3766
(Name of Person) (Area Code & 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

☐ \$55 Filing Fee &
Certified Copy

FILED
06 APR -3 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, JAMES P. KUKLA, hereby resign as PRESIDENT
(Title)

of ARRAY HEALTHCARE FACILITIES SOLUTION, LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA.

and affirm that the limited liability company has been notified in writing of the resignation.

(Signature of resigning manager, managing member or member)

FILED
06 APR -3 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314