

L06000054342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

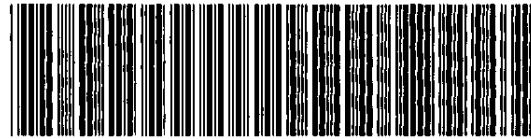
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O. 2010 JUN 2 = 2010

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CITY OF ANGELS HOME HEALTH CARE, 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:

MICHAEL C. TRUTT

Name of Person

CITY OF ANGELS HOME HEALTH CARE, LLC

Firm/Company

12926 SW 133 COURT, SUITE B

Address

MIAMI, FL 33186

City/State and Zip Code

cityofangels305@bellsouth.net

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

For further information concerning this matter, please call:

MICHAEL C. TRUTT

Name of Person

at (786)

333-8730

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

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LLC

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

Page 1 of 2

MGR = Manager
MGRM = Managing Member

[illegible]

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

Dated MAY 28, 2010

Signature of a member or authorized representative of a member

MICHAEL C. TRUTT

Typed or printed name of signee

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Filing Fee: \$25.00

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