

L06000064127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

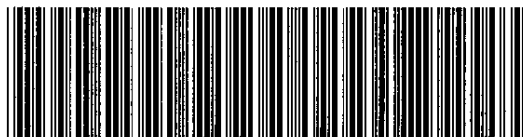
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUN 26 PM 12:04

T. HAMPTON

JUN 29 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NU VUE MEDICAL 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:

JENNIFER FOX  
Name of Person

MOBILE SONIX LLC  
Firm/Company

499 E. CENTRAL BLVD STE 205  
Address

ALTAUNTE SPRINGS, FL 32712  
City/State and Zip Code

JOKE.MOBILESONIX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER FOX at (407) 339-7717  
Name of Person 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

Nu Vix Medical 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>
MGRM	MOORE SENIX LLC	499 E. CENTRAL PKWY STE 205 ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MICHAEL W. FOX	499 E. CENTRAL PKWY STE 205 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JENNIFER J. FOX	499 E. CENTRAL PKWY STE 205 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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DIVISION OF CORPORATIONS  
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Dated JUNE 10, 2009



Signature of a member or authorized representative of a member

JENNIFER FOX

Typed or printed name of signee