

W080000016835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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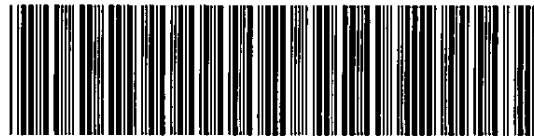
(Business Entity Name)

(Document Number)

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2008 MAY 22 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 23 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Purifichhealth 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:

Desiree Gagliardotto
(Name of Person)

Purifichhealth LLC
(Firm/Company)

40347 US 19 N, suite 202
(Address)

Tarpon Springs, Fl 34689
(City/State and Zip Code)

For further information concerning this matter, please call:

Desiree Gagliardotto at (727) 939-0300
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Purifichhealth LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

MGR = Manager
MGRM = Managing Member

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

Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00