

L080000466L2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

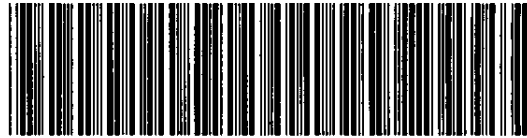
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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000260539670

EFFECTIVE DATE

*6/16/14*

06/13/14--01014--020 \*\*25.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2014 JUN 13 PM 2:41

FILED

N. Gulligan JUN 16 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Peak Performance Massage Therapy  
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:

Mike Recicar  
Name of Person

Peak Performance Massage Therapy  
Firm/Company

331 N. Maitland Ave, Suite C-3  
Address

Maitland FL 32751  
City/State and Zip Code

mrecicar@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Recicar at (407) 718-7325  
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



**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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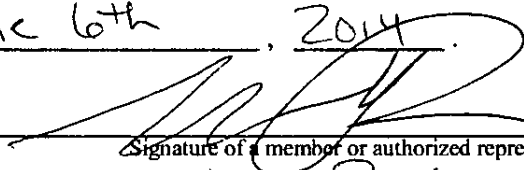
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**E. Effective date, if other than the date of filing:** June 16, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 6th, 2014.



Signature of a member or authorized representative of a member

Mike Reicar

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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