

L080000 59202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

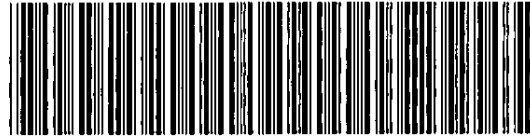
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 28 AM 10:37

T. HAMPTON

AUG 31 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AT HOME CARE NURSING, 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:

**LIZABET AZZARETTO**

Name of Person

**AT HOME CARE NURSING, LLC.**

Firm/Company

**7438 SW 48 STREET, SUITE B**

Address

**MIAMI, FL 33155**

City/State and Zip Code

**athomecarenursing@att.net**

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

For further information concerning this matter, please call:

**LIZABET AZZARETTO**

Name of Person

at ( **305** )

**667-0203**

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

**AT HOME CARE NURSING, LLC.**

7438 SW 48 STREET, SUITE B

MIAMI, FL 33155

305-667-0203 TEL.

305-667-0202 FAX.

**MEMO**

DATE: 8/26/09  
TO: FL DEPT OF STATE DIVISION  
FROM: LIZABET AZZARETTO  
RE: AMMENDMENT

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TO WHOM IT MAY CONCERN:

IF YOU SHOULD HAVE ANY QUESTIONS OR CONCERNS PLEASE CONTACT  
ME AT: 786-709-3593.

BEST REGARDS,

LIZ

AT HOME CARE NURSING, 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

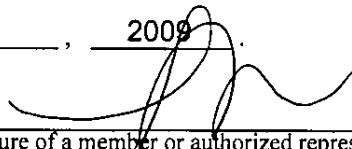
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BRODIE, SIDNEY Z	1150 NW 72 AVENUE, SUITE 460 MIAMI, FL 33126	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 28 AM 10:37

Dated AUGUST 26, 2009



Signature of a member or authorized representative of a member

LIZABET AZZARETTO

Typed or printed name of signee