

L080000073882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

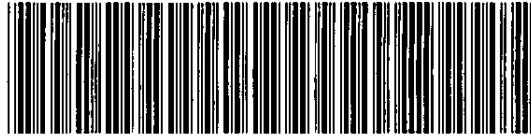
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O. ~~Office~~ APR 23 2009

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Franck's Homecare, LLC (new name Excel Infusion Center, 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:

Jerry Smith

(Name of Person)

Franck's Compounding Lab

(Firm/Company)

1210 SW 33rd Avenue

(Address)

Ocala, Florida 34474

(City/State and Zip Code)

For further information concerning this matter, please call:

Jerry Smith

(Name of Person)

at ( 352 ) 622-2913 x 208

(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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TALLAHASSEE FLORIDA

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

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

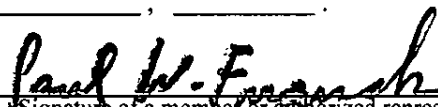
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joe Sorrentino	2405 SE 17th Street (Suite 502) Ocala Florida, 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Also note EIN 26-3068712

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Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Paul W. Franck

Typed or printed name of signee