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(City/State/Zip/Phone #)

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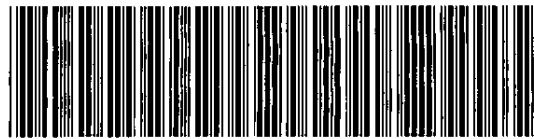
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 17 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE AESTHETIC MEDICAL & BUSINESS TRAINING, 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:

MIKE VAN THIELEN
Name of Person

ELITE AESTHETIC MEDICAL & BUSINESS TRAINING, LLC.
Firm/Company

1221 DRAYCOTT ST.
Address

ORMOND BEACH, FL 32174
City/State and Zip Code

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

For further information concerning this matter, please call:

MIKE VAN THIELEN at (386) 216-1955
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

ELITE AESTHETIC MEDICAL & BUSINESS TRAINING,
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 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>
V.P	TONI HICKOX	62 MARMION AVE TORONTO M5M 1Y1 CANADA	<input checked="" type="checkbox"/> Add <input 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
			<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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TALLAHASSEE, FLORIDA

Dated 05.11.2010, _____

Signature of a member or authorized representative of a member
MIKE VAN THIELEN
Typed or printed name of signee