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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 10 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEST THERAPY INSTITUTE, 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:

WALTER BORJAS

Name of Person

WEST THERAPY INSTITUTE, LLC

Firm/Company

2901 W BUSCH BLVD SUITE 204 A

Address

TAMPA, FLORIDA 33618

City/State and Zip Code

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

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For further information concerning this matter, please call:

WALTER BORJAS

Name of Person

at (**813**) **932-5908**

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

WEST THERAPY INSTITUTE, LLC

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of the abbreviation
LLC

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

Title	Name	Address	Type of Action
D	ORLANDO PORTAL	2901 W BUSCH BLVD STE 204 A TAMPA, FLORIDA 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	JORGE RODRIGUEZ - Lorenzo	2901 W BUSCH BLVD STE 204 A TAMPA, FLORIDA 33618	<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

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

N/A

Dated NOVEMBER 18, 2009

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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