

LO90000 24216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

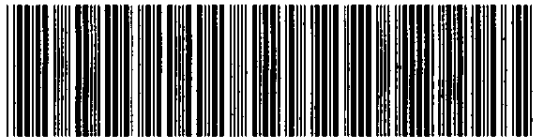
(Business Entity Name)

(Document Number)

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Malave, Erin

From: Elise Caston [ecastonnamg@gmail.com]
Sent: Monday, February 08, 2010 1:10 PM
To: CorpAddressChange
Subject: Mailing address change

I would like to request a mailing address change for the following LLC:

From:
Nouveau Anesthesia Medical Group LLC (document number L09000024216)
P.O Box 1471
Lakeport, CA 95453

To:
Nouveau Anesthesia Medical Group LLC
P.O. Box 85
Cleveland, MS 38732

Thank you very much for your assistance with this matter.

--

Elise Caston
Office Manager
Nouveau Anesthesia Medical Group LLC
662-846-2231
P.O. Box 85
Cleveland, MS 38732