

LO9000042778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

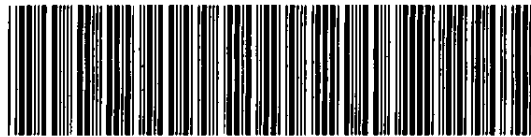
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600168728756

02/16/10--01014--016 **25.00

FILED

10 FEB 16 PM 12:27

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 17 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advance Health Care 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:

DAVID SahebZAMANI
Name of Person

Advance Health Care LLC
Firm/Company

8146 Canterbury Lakes Blvd.
Address

Tampa FL 33619
City/State and Zip Code

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

For further information concerning this matter, please call:

DAVID SahebZAMANI at (813) 433-6280
Name of Person 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

Advance Health Care 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 | ERIC MCKINNON | 2741 Buckhorn Preserve Blvd. Valrico FL 33596 | <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 |
| | | | <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 |

FILED
FEB 16 12:27
TALLAHASSEE
FLORIDA
STATE

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

Dated Feb 10th, 2010

Signature of a member or authorized representative of a member

DAVID SAHEBZAMANI

Typed or printed name of signee