

LOG 00000 84292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

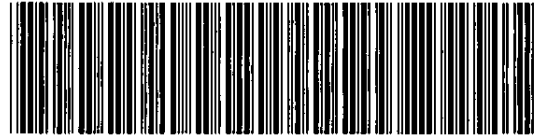
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 14 AM 11:10

FILED

T. CLINE

SEP 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSISTED LIVING HEALTHCARE 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:

EARL MORGAN

Name of Person

MORGANS FINANCIAL SERVICES

Firm/Company

4111 STIRLING RD

Address

FT LAUDERDALE FL 33314

City/State and Zip Code

emorgy01@aol.com

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

For further information concerning this matter, please call:

EARL MORGAN

Name of Person

at (954)

581-5047

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ASSISTED LIVING HEALTHCARE LLC

Page 1 of 2

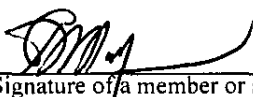
If amending the Managers' or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VALRIE HYLTON	2706 MONTEGO DRIVE MIRAMAR FL 33023	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FARINA LEVY	2706 MONTEGO DRIVE MIRAMAR FL 33023	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SARINA LEVY	2706 MONTEGO DRIVE MIRAMAR FL 33023	<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.)

Dated _____


Signature of a member or authorized representative of a member

EARL MORGAN
Typed or printed name of signee