

L100000007350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

OCT 28 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 25 PM 1:58

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIBERTY INJURY CENTER 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:

NAPTHALIE NARCISSE

Name of Person

LIBERTY INJURY CENTER LLC

Firm/Company

7345 JACKSON SPRINGS RD STE A

Address

TAMPA, FL, 33634

City/State and Zip Code

SOMEONE@EMAIL.COM

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

For further information concerning this matter, please call:

NAPTHALIE NARCISSE

Name of Person

at (813)

215-9000

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

LIBERTY INJURY CENTER LLC

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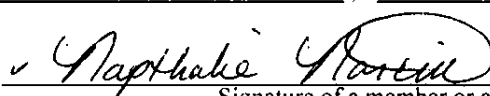
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	REINALDO CORDERO	30562 SCOTT ST TAMPA, FL, 33634	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	OSCAR VALDEZ FERRER	8023 SHAW DRIVE TAMPA, FL, 33615	<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 OCTOBER 18, 2010.



Signature of a member or authorized representative of a member

NAPHTALIE NARCISSE

Typed or printed name of signee