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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE MESSAGE CLINIC OF ORLANDO L.L.C
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:

HECTOR CRUZ
Name of Person
ACCOUNTING CENTER FOR SMALL BUSINESS LLC
Firm/Company
5701 DOGWOOD DR
Address
ORLANDO FL 32807
City/State and Zip Code
accorl.hector@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

HECTOR CRUZ at (**407**) **281-0227**
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

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:

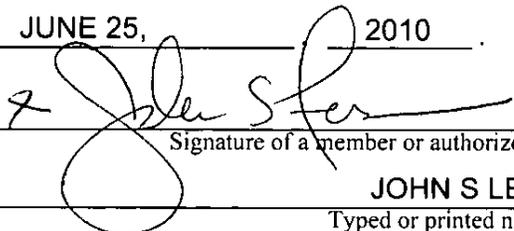
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOHN S LESSER	130 S Semoran Blvd Orlando FL 32807	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GINA L. BLAIR	130 S Semoran Blvd Orlando FL 32807	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOHN S LESSER	60 S. SEMORAN BLVD. ORLANDO FL 32807	<input type="checkbox"/> Add <input checked="" 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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Dated JUNE 25, 2010



Signature of a member or authorized representative of a member

JOHN S LESSER

Typed or printed name of signee