

L10000049385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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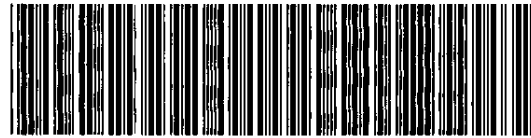
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 16 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Woman Care of Jacksonville, FL
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:

Nancy Brown

Name of Person

FWC Management Company

Firm/Company

4205 W. Atlantic Avenue #C-304

Address

Delray Beach, FL 33445

City/State and Zip Code

nbrown68@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:

Nancy Brown

Name of Person

at (561)

300-2413

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

and assigned

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	Andres, Frank J	3627 University Blvd. South Suite 340 Jacksonville, FL 32216	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	McDyer, Daniel C	3627 University Blvd. South Suite 340 Jacksonville, FL 32216	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Suhrer, Julian Stephen	3627 University Blvd. South Suite 340 Jacksonville, FL 32216	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Florida Woman Care, LLC	660 Glades Road Suite 340 Boca Raton, FL 33431	<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

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
Kenneth Consker

Typed or printed name of signee

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