

L10000002231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

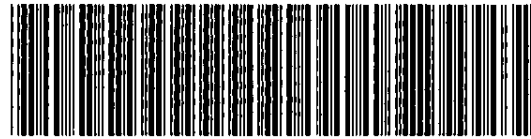
Special Instructions to Filing Officer:

L. SELLERS

DEC 22 2010

EXAMINER

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10 DEC 20 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Direct Meds Of Tampa Bay, 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:

Louis J Rosa

Name of Person

Firm/Company

111 2nd Ave NE Suite 343

Address

St Petersburg, FL 33701

City/State and Zip Code

Capt-lou2003@yahoo.com

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

For further information concerning this matter, please call:

Louis J Rosa

Name of Person

at (**727**)

224-1056

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:

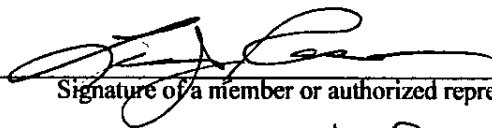
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carol Sarver	10101 Martin Luther King Jr Street St Petersburg, FL 33716	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Munr Kazmir	10101 Martin Luther King Jr Street St Petersburg, FL 33716	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Louis J Rosa	11001 Roosevelt Blvd Suite IIA-400 St Petersburg, FL 33716	<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

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

Dated December 15th, , 2010 .



Signature of a member or authorized representative of a member

LOUIS J. ROSA

Typed or printed name of signee