

L1000000 77716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

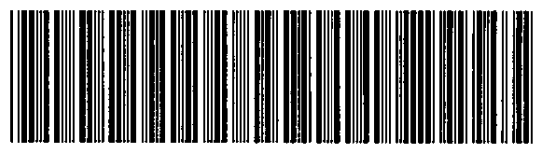
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACUTEKSYSTEMS 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:

FATEMA MAWJI

Name of Person

ACUTEKSYSTEMS LLC

Firm/Company

2005 TREE FORK LANE UNIT 121

Address

LONGWOOD, FL, 32750

City/State and Zip Code

FM@SIMPLYNAS.COM

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

For further information concerning this matter, please call:

FATEMA MAWJI

Name of Person

407 960-4690

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2014

DATEMA MAWJI
ACUTEKSYSTEMS LLC
2005 TREE FORK LANE UNIT 121
LONGWOOD, FL 32750

SUBJECT: ACUTEKSYSTEMS LLC
Ref. Number: L10000077716

We have received your document for ACUTEKSYSTEMS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P14000070116.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 714A00018145

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Page 1 of 3

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

MGR = Manager
AMBR = Authorized Member

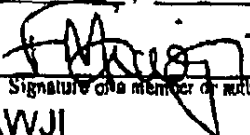
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FATEMA MAWJI	2005 TREE FORK LANE, UNIT #121, LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	GULAMABBAS MAWJI	2005 TREE FORK LANE, UNIT #121, LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MEMBER	ANTOINETTE NOVAK	2005 TREE FORK LANE, UNIT #121, LONGWOOD, FL 32750	<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.)*

ALL DETAILS REMAINS THE SAME AS WELL AS THE EIN NUMBER PLEASE
ENSURE THIS IS REFLECTED ON ALL DOCUMENTATION INCLUDING SUNBIZ.ORG
THE EIN HAS TO BE SHOWN WITH THE NEW NAME CHANGE. THANK YOU

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated July 24, 2014



Signature of a member or authorized representative of a member

FATEMA MAWJI

Typed or printed name of signer