

L10000103640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 29 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2011

JERRY COX
1890 SEMORAN BLVD., SUITE 319
WINTER PARK, FL 32826

SUBJECT: BREASTBUS, LLC
Ref. Number: L10000103640

We have received your document for BREASTBUS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 211A000081

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Breast Bus, 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:

Jerry Cox
Name of Person

Breast Bus, LLC
Firm/Company

1890 Semoran Blvd. Suite 319
Address

Winter Park, FL 32826
City/State and Zip Code

Jerry@healthfair.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry Cox at (407) 571-7389
Name of Person Area Code & Daytime Telephone Number

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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

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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>
			<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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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

name change Women's Health Envision, LLC

Dated 4/19 2011

Jerry L Cox
Signature of a member or authorized representative of a member

Jerry L Cox
Typed or printed name of signer