

L10 000 125835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

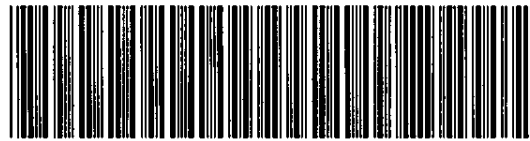
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 09 2014



**Christopher LaRocca, DC**

**5465 Commercial Way Spring Hill, FL 34606 / 43**

**W. Fort Dade Ave Brooksville, FL**

**Phone: 352-835-7985 Fax: 352-835-7987 / Phone:**

**352-593-5937 Fax: 352-593-5939**

**Website: [www.laroccachiro.com](http://www.laroccachiro.com)**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LaRocca Chiropractic 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:

**Christopher LaRocca**

\_\_\_\_\_  
Name of Person

**LaRocca Chiropractic LLC**

\_\_\_\_\_  
Firm/Company

**10513 Blythville Rd**

\_\_\_\_\_  
Address

**Spring Hill fl 34608**

\_\_\_\_\_  
City/State and Zip Code

**larocca\_chris@hotmail.com**

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

For further information concerning this matter, please call:

**Christopher LaRocca**


\_\_\_\_\_  
Name of Person

**352 428-8345**

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

**LaRocca Chiropractic LLC**

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Zip code  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
agree to comply with

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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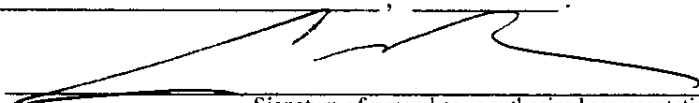
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 \_\_\_\_\_



Signature of a member or authorized representative of a member

Christopher LaRocca

Typed or printed name of signee

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Filing Fee: \$25.00

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