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2011 JUN 30 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS
JUL -1 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Auto Rehab, 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:

Martinez, Manuel A
Name of Person
Quality Auto Rehab, LLC
Firm/Company
215 E Sligh Avenue
Address
Tampa, FL 33604
City/State and Zip Code
quality215@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martinez, Manuel A at (813) 4980857
Name of Person 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 | Izquierdo, Juan M | 215 E Sligh Avenue Tampa FL 33604 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Martinez, Manuel A | 215 E Sligh Avenue Tampa FL 33604 | <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 |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

2011 JUN 30 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated _____, _____



Signature of a member or authorized representative of a member
MANUEL MARTINEZ

Typed or printed name of signee