

L11000008542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

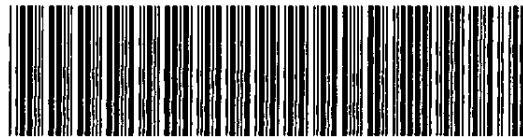
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 19 PM 4:59

FILED

C. LEWIS
APR 20 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Garden Street medical titusville, 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:

BASSAM MNAYATSI
Name of Person

(S)
Firm/Company

P.O. Box 916655
Address

LONGWOOD, FL. 32791-6655
City/State and Zip Code

BMNAYATSI@EMBARQMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BASSAM MNAYATSI at (407) 376-2246.
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)

*Pl. Cr. # 091
4/14/11.*

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>
Pres.	CHARLES JEBAILLY	11601 S. OrangeBlasom Tr. Suite 101 Orlando, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VoP.	BASSAM MWAYAJI	P.O. Box 96655 Longwood, FL 32791	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MAHA MWAYAJI	P.O. Box 96655 Longwood, FL 32791	<input type="checkbox"/> Add <input checked="" 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 11-14, 2011

[Signature]
Signature of a member or authorized representative of a member
MAHA MWAYAJI
Typed or printed name of signee

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 TALLAHASSEE FLORIDA