

L110000040197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**Rivera, Maribel**

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**From:** Carrie L. Ramos, FRP [Carrie.Ramos@gray-robinson.com]  
**Sent:** Wednesday, April 06, 2011 2:56 PM  
**To:** CorpAddressChange  
**Cc:** Angela Daggibi; kschultz@dsimanagement.com; Michael E. Neukamm  
**Subject:** request for address change - Assurance Therapy Staffing, LLC

Dear Ladies and Gentlemen:

On behalf of Assurance Therapy Staffing, LLC we are sending this email to request a change to the principal office and mailing address for Assurance Therapy Staffing, LLC a Florida limited liability company filed on April 4, 2011 and assigned document number L11000040197. Please change the zip code on the principal office and mailing address from 32789 to 32792. The corrected address should read:

1890 State Road 436, Suite 300  
Winter Park, Florida **32792**

Your attention to this request is greatly appreciated.

**Carrie L. Ramos, FRP**

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GrayRobinson, P.A.  
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Orlando, Florida 32801  
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**GRAY | ROBINSON**

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