

211000050797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

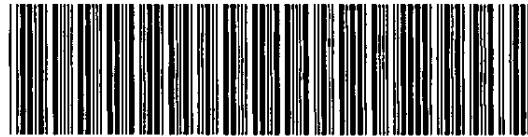
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALON Med SPA & Laser Center 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:

STEPHANIE SCHLAU
Name of Person

AVALON Med SPA & Laser Center LLC
Firm/Company

3820 TAMPA RD
Address

Palm Harbor Florida 34684
City/State and Zip Code

STEPHANIE.TAMPASPA@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE SCHLAU at (727) 238-9500
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

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Avalon Med SPA & Laser Center LLC

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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
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JANET ROSE

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

Dated 08/20/13, _____.

Signature of a member or authorized representative of a member

Aron Schiau

Typed or printed name of signee

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Filing Fee: \$25.00

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U.S. DEPARTMENT OF JUSTICE