

L110000062339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

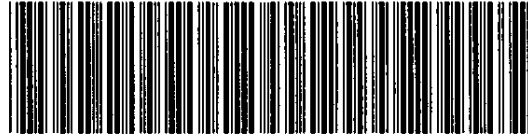
(Business Entity Name)

(Document Number)

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TAMPA, FLORIDA

M. MILLIGAN
EXAMINER

MAY -6 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDI-SOLUTIONS INSURANCE AGENCY 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:

ROBERT A. PASCAL - REGISTERED AGENT

Name of Person

ROBERT A. PASCAL, P.A.

Firm/Company

300 SOUTH AVENUE OF THE ARTS

Address

FORT LAUDERDALE, FLORIDA 33312

City/State and Zip Code

FARSR@COMCAST.NET

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

For further information concerning this matter, please call:

ROBERT A. PASCAL, ESQ.

954

5224090

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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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>
MGR	FRANK REILLY, JR	8036 DOUBLE TREE DRIVE	<input checked="" type="checkbox"/> Add
		HOBE SOUND, FL. 33445	<input type="checkbox"/> Remove
MGR	FRANK A. REILLY, SR	665 SW Yacht Basin Way	<input type="checkbox"/> Add
		STUART, FL. 34997	<input checked="" type="checkbox"/> Remove
MGR.	LARRY MIKOLAJCIK	1255 MAIN STREET	<input type="checkbox"/> Add
		GREENSBURG, PA. 15601	<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

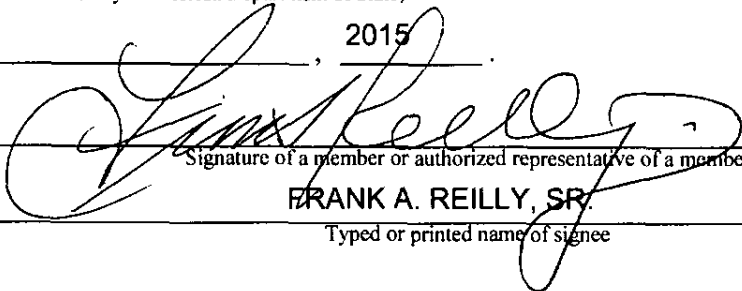
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ST. LOUIS
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 April 21, 2015



Signature of a member or authorized representative of a member

FRANK A. REILLY, SR.

Typed or printed name of signee

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Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE