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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

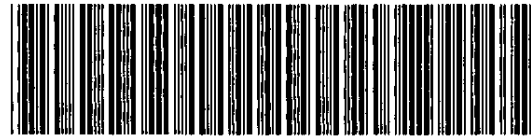
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 15 AM 10:29

JUN 28 2012
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAAFE Health Services, 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:

Ms. Tyresa Jacobs

Name of Person

SAAFE Health Services, LLC

Firm/Company

201 West Plymouth Avenue

Address

DeLand, FL 32720

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael P. Kelton, Esq.

Name of Person

at (386)

734-3020

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

PAUL & ELKIND, P.A.

ATTORNEYS AT LAW

HARLAN L. PAUL †
DARREN J. ELKIND *
MATTHEW D. BRANZ ^
MICHAEL P. KELTON
CHRISTOPHER B. PAUL

142 EAST NEW YORK AVENUE
DELAND, FLORIDA 32724
PHONE 386-734-3020
FACSIMILE: 386-734-3096

505 DELTONA BOULEVARD
SUITE 105
DELTONA, FL 32725
PHONE: 386-574-5634
FACSIMILE: 386-574-5665

† *Board Certified Civil Trial Advocate*

* *Board Certified Civil Trial Lawyer*

^ *LLM in Elder Law*

REPLY TO: **DeLand**

June 13, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: SAAFE HEALTH SERVICES, LLC.

Dear Sir/Madam:

Please find enclosed an original executed Resignation of Member, Managing Member or Manager and original executed Articles of Amendment to Articles of Organization for SAAFE Health Services, LLC, and a check in the amount of \$50.00 for filing fees.

Please return all correspondence concerning this matter to the undersigned and call my DeLand office if you have any questions.

Very truly yours,
PAUL & ELKIND, P.A.
Attorneys at Law



Michael P. Kelton

MPK
Enclosures

PAUL &
ELKIND, P.A.
ATTORNEYS AT LAW

RECEIVED

11 JUN 25 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HARLAN L. PAUL †
DARREN J. ELKIND *
MATTHEW D. BRANZ ^
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* *Board Certified Civil Trial Lawyer*
^ *LLM in Elder Law*

REPLY TO: DeLand

June 18, 2012

Registration Section
Division of Corporations
Attn: Ms. Tammy Hampton
P.O. Box 6327
Tallahassee, FL 32314

Re: SAAFE HEALTH SERVICES, LLC.

Dear Ms. Hampton:

As we discussed on the phone, I have enclosed the correct executed Amendment to Articles of Organization for SAAFE Health Services, LLC. The filing fee was previously submitted with the incorrect Amendment sent last week. Please file the enclosed Amendment with the Division of Corporations and return the incorrect copy that was submitted last week to my DeLand office in the enclosed stamped envelope.

Your attention and assistance with this matter is greatly appreciated. If you should have any questions, please feel free to contact me at any time

Very truly yours,
PAUL & ELKIND, P.A.
Attorneys at Law



Michael P. Kelton

MPK
Enclosures

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	Vanessa Harvey-Lents	P.O. Box 525 Daytona Beach, FL 32115	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	Vanessa Harvey-Lents	P.O. Box 525 Daytona Beach, FL 32115	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Tyresa Jacobs	201 West Plymouth Avenue DeLand, FL 32720	<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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 15 AM 10:29

Dated June 18, 2012

Mrs. Tyresa Jacobs

Signature of a member or authorized representative of a member

Ms. Tyresa Jacobs, Manager

Typed or printed name of signee