

L110000076342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

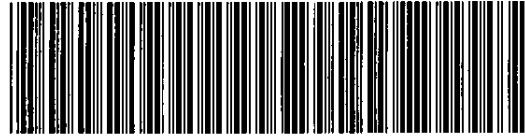
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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11 OCT 17 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. CURTIS OCT 18 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Touch Rehabilitation 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:

Sadi Osorio  
Name of Person  
Touch Rehabilitation Center LLC  
Firm/Company  
3970 Tampa Rd E G  
Address  
Blasmar (Pinellas) FL 34477  
City/State and Zip Code  
NA  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sadi Osorio at (813) 886-1635  
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



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

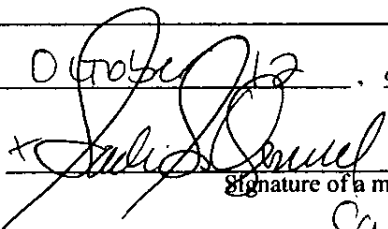
MGRM = Managing Member

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

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TALLAHASSEE, FLORIDA

Dated October 12, 2011



Signature of a member or authorized representative of a member

Sadi Osorio

Typed or printed name of signee