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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

APR 18 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Family & Elder Care Specialist of Florida 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:

Donovan Thompson

Name of Person

Family & Elder Care Specialist of Florida LLC

Firm/Company

PO BOX 1158

Address

Bradenton, FL 34206

City/State and Zip Code

donovan@myassetpro.com

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

For further information concerning this matter, please call:

Donovan Thompson

941 896-6190
at ()

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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AMBR = Authorized Member

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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

April 13th, 2017

Signature of a member or authorized representative of a member

Donovan Thompson

Typed or printed name of signee

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