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(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 08 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARE GIVERS PLUS HOLDINGS 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:

MALON DEVINE

Name of Person

CARE GIVERS PLUS OF SOUTH FLORIDA LLC

Firm/Company

640 EAST OCEAN AVE STE 16

Address

BOYNTON BEACH, FL 33435

City/State and Zip Code

DEVINEANESTHESIA@GMAIL.COM

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

For further information concerning this matter, please call:

MALON DEVINE

Name of Person

at (561)

6137359

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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CARE GIVERS PLUS HOLDINGS LLC

Page 1 of 2

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>
MGRM	SHAWN KOON	640 EAST OCEAN AVENUE STE 16 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARQUESA VIRGO	640 EAST OCEAN AVENUE STE 16 BOYNTON BEACH, FL 33435	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 6/6/12

MALON DEVLIN - MGR
Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA