

L11000117534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

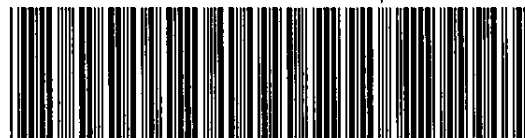
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13 JAN 25 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GARY ROBERTS & ASSOCIATES P.A.

324 DATURA STREET, SUITE 223
WEST PALM BEACH, FLORIDA 33401
TELEPHONE (561) 686-1800
FACSIMILE (561) 686-1533

FRED L. COHEN, M.D., J.D.*
GARY W. ROBERTS, J.D.**
SUSAN B. RAMSEY, R.N., J.D. ***
MICHAEL K. BECK, J.D.

-
- * American Board of Neurological Surgery
 - * American Board of Quality Assurance and Utilization Review
 - * Admitted District of Columbia Bar
 - ** Board Certified Civil Trial Lawyer
 - *** Admitted Connecticut Bar

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

January 10, 2013

Re: Reliance Recovery, LLC (Amendment to Certificate)

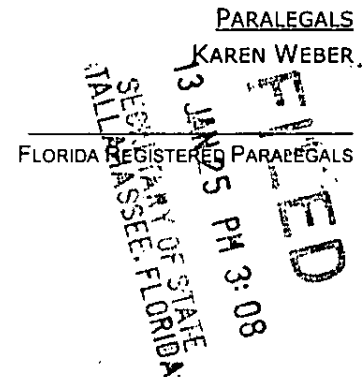
Division of Corporations:

Reliance Recovery, LLC (Document Number L12000109874) seeks to file the enclosed amendment to its certificate of formation. Reliance wishes to remove the names of its managing members from the certificate.

Please let me know if there are any issues with the amendment (404-391-6432).

Sincerely,

James H. Calkins, Esq.



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RELIANCE RECOVERY, 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:

James Calkins

Name of Person

Gary Roberts & Associates

Firm/Company

324 Datura Street, Suite 223

Address

West Palm Beach, FL 33401

City/State and Zip Code

James@palmbeachtrialattorney.net

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

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13 JAN 25 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

James Calkins

Name of Person

404 391-6432

at ()

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

FILED
13 JAN 25 PM 3:08
and assigned
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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	ROJO, NICHOLAS JR		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	CUSHMAN, JACQUELINE		<input type="checkbox"/> Add
			<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

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

Dated Jan. 18, 2013.



Signature of a member or authorized representative of a member

James H. Calkins

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00