

L12 000014953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

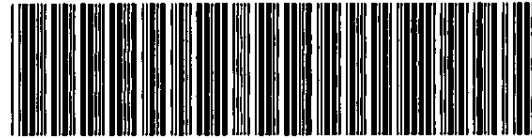
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 FEB - 6 PM 1:04

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T. CLINE

FEB - 7 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Desoto Therapy 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:

Candida Casanova

Name of Person

Desoto Therapy LLC

Firm/Company

1011 East Oak Street, Unit 5

Address

Arcadia, Florida 34266

City/State and Zip Code

desototherapy@hotmail.com

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

For further information concerning this matter, please call:

Candida Casanova

Name of Person

at ( 941 )

544-8534

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

Desoto Therapy 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

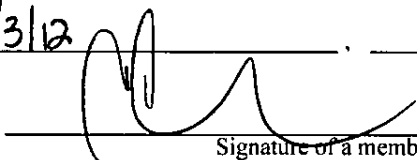
Title	Name	Address	Type of Action
MGRM	Maria Menieta	1011 East Oak Street, Unit 5 Arcadia, Florida 34266	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Candida Casanova	1011 East Oak Street, Unit 5 Arcadia, Florida 34266	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Candida Casanova	1011 East Oak Street, Unit 5 Arcadia, Florida 34266	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

2/3/12



Signature of a member or authorized representative of a member

Candida Casanova

Typed or printed name of signee

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2012 FEB -6 PM 1:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA