

L120000 75743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

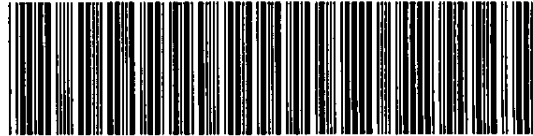
(Document Number)

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JUN 03 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAY 31 PM 4:27
TALLAHASSEE, FLORIDA

May 18, 2016

GINA ALLEN
8000 FAIRWAY TRAIL
BOCA RATON, FL 33487

SUBJECT: RISING STAR HEALTH SERVICES, LLC
Ref. Number: L12000075743

We have received your document for RISING STAR HEALTH SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 716A00010523

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RISING STAR HEALTH SERVICES, 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:

Gina Allen

Name of Person

RISING STAR HEALTH SERVICES, LLC

Firm/Company

8000 Fairway Trail

Address

Boca Raton, FL 33487

City/State and Zip Code

ginaallen3693@gmail.com

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

For further information concerning this matter, please call:

Erica L. DeSanti

954 9627367
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Margaret Giannone	14728 Shadow Wood Lane	<input type="checkbox"/> Add
		Delray Beach, FL 33484	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gina Allen	8000 Fairway Trail	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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16 APR 17 PM 2:49

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

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated _____, _____

Henry Allen

Signature of a member or authorized representative of a member

Gina Allen

Typed or printed name of signee