

L120000109180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

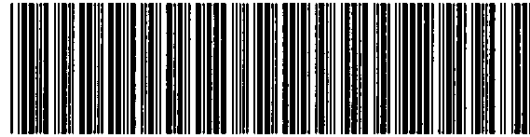
(Document Number)

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

Special Instructions to Filing Officer:

*Amend*

Office Use Only



200244370872

02/08/13--01003--011 \*\*25.00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2013 FEB -8 AM 8:50

FILED

J. SAULSBERRY  
EXAMINER  
FEB 11 2013

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Deserved Care, 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:

**Michael L. Morgan, Esquire**

Name of Person

**Morgan Dramis, P. A.**

Firm/Company

**2364 Fruitville Road**

Address

**Sarasota, Florida 34237**

City/State and Zip Code

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

For further information concerning this matter, please call:

**Michael L. Morgan, Esq.** at **941 953-4555**

Name of Person

Area Code & Daytime Telephone Number

FILED  
2013 FEB -8 AM 8:50  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## Page 1 of 3

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	John Reed	725 Porpoise Road	<input type="checkbox"/> Add
		Venice, FL 34293	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2013 FEB -8 AM 8:50  
TALLAHASSEE FLORIDA

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

---

---

---

---

---

Dated \_\_\_\_\_, \_\_\_\_\_.

Janette Brown  
Signature of a member or authorized representative of a member  
Janette Brown Janette Brown  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2013 FEB - 8 AM 8:50  
CLERK OF COURT  
TALAMON COUNTY, FLORIDA