

L12000139738

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 Surety OCT 13 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CAPSALUS CONSUMER PRODUCTS 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:

STEVEN M GRUBNER

Name of Person

FORU HOLDINGS

Firm/Company

117 S COOK ST. #184

Address

BARRINGTON IL 60010

City/State and Zip Code

SGRUBNER@FORUHOLDINGS.COM

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

For further information concerning this matter, please call:

STEVEN GRUBNER

Name of Person

at **847 366-8058**

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

CAPSALUS CONSUMER PRODUCTS LLC

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

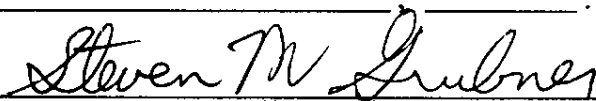
Page 2 of 3

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **OCTOBER 2** **2014**



Signature of a member or authorized representative of a member

STEVEN M GRUBNER

Typed or printed name of signee

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