

L13000028873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J Shivers JUL 08 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **MAP TO HEALTH 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:

ROBERT J SOSSIN

Name of Person

ROBERT J SOSSIN PA

Firm/Company

4330 Sheridan Street, Ste. 202B

Address

Hollywood, FL 33021

City/State and Zip Code

RSOSSIN@ROBERTJSOSSINPA.COM

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

For further information concerning this matter, please call:

ROBERT J SOSSIN

Name of Person

at (**954**) **342-5981**

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
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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MAP TO HEALTH LLC

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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

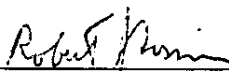
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Paul Pellingner	8930 State Road 84, #168	<input type="checkbox"/> Add
		Davie, FL 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated July 5, 2013



Signature of a member or authorized representative of a member

ROBERT J SOSSIN

Typed or printed name of signee

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Filing Fee: \$25.00

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