

L17000063550

(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:

Office Use Only



500261290365

06/16/14--01018--013 **25.00

14 JUN 16 PM 9:52
TALLAHASSEE, FLORIDA

J. Shivers JUN 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LIFESAVER STAFFING SOLUTIONS, 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:

DEBORAH KALINOSKI

Name of Person

LIFESAVER STAFFING SOLUTIONS, LLC

Firm/Company

4377 Commercial Way, #108

Address

Spring Hill, FL 34606

City/State and Zip Code

dkalinoski@vsccusa.com

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

For further information concerning this matter, please call:

Deborah Kalinoski

Name of Person

at **(352) 263-8173**

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

LIFESAVER STAFFING SOLUTIONS, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

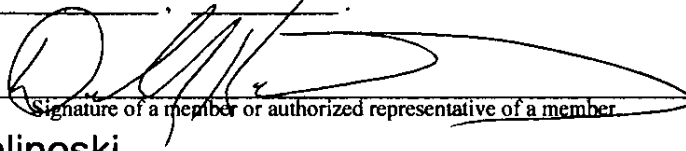
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JENNIFER MCCONNELL	5408 STORM ROAD	<input type="checkbox"/> Add
		LUTZ, FL 33558	<input checked="" type="checkbox"/> Remove
MGRM	MELINDA HARBAUGH	212 Sanford Ave	<input checked="" type="checkbox"/> Add
		Cantonsville, MD 21228	<input 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

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 **MAY 16th** **2014**



Signature of a member or authorized representative of a member

Deborah Kalinoski

Typed or printed name of signee

FILED
14 JUN 15 AM 8:52
TALLAHASSEE, FLORIDA