

L13000 1743 18

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

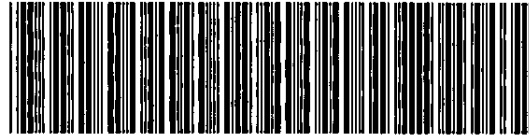
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/15/14--01003--025 **25.00

FILED
14 OCT 15 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 20 2014

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.133 FAX: (800) 388-0330
EMAIL: ttran@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR / EXPEDITE FILING SERVICE

DATE: 10/7/14

FROM: TENG TRAN

Client Matter: #

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **Health Signal LLC**

Enclosed is one of the following: **(1) Articles of Amendment**

Return request with filing: **(1) Plain Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: ()

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.**
5668 E. 61ST STREET
COMMERCE, CA 90040**

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **HEALTH SIGNAL 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:

TENG TRAN

Name of Person

ROCKET LAWYER

Firm/Company

5668 E. 61ST STREET

Address

COMMERCE, CA 90040

City/State and Zip Code

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

For further information concerning this matter, please call:

Teng Tran

Name of Person

at

800 462-5487 x133

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 15 AM 10:34

FILED

HEALTH SIGNAL LLC

Page 1 of 3

SECRETARY OF STATE
ALLIANCE FOR THE ATLANTIC
14 OCT 15 AM 10:30
Zip Code

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>
AMBR	Nadia Al-Azawi	3193 Huxley Ct.	<input checked="" type="checkbox"/> Add
		Duluth, Ga. 30096	<input type="checkbox"/> Remove
AMBR	William Kelman	105 Pompano Road	<input checked="" type="checkbox"/> Add
		Saint Augustine, FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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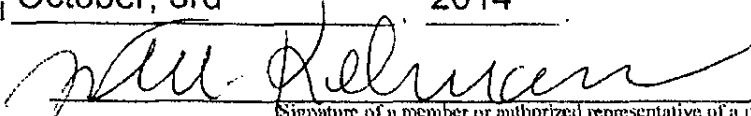
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SECRETARY OF STATE

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, 3rd 2014



Signature of a member or authorized representative of a member

William Kelman

Typed or printed name of signer

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TALLAHASSEE, FLORIDA