

LI3060171068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

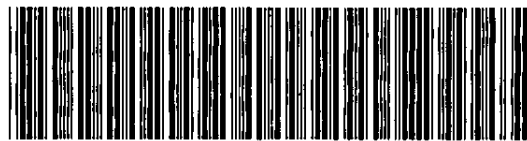
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

'APR 21 2014

J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2014

KENNETH G. ELLIOTT
1841 SPUR LANE
PALM HARBOR, FL 34685

SUBJECT: FORTRESS CONSULTING GROUP, LLC
Ref. Number: L13000171068

We have received your document for FORTRESS CONSULTING GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 014A00007874

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **FORTRESS CONSULTING GROUP, 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:

Kenneth G. Elliott

Name of Person

FORTRESS CONSULTING GROUP, LLC

Firm/Company

1841 Spur Lane

Address

Palm Harbor, FL 34685

City/State and Zip Code

kelliott@tridentimaginggroup.com

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

For further information concerning this matter, please call:

Ken Elliott

Name of Person

813 390-4957

at (

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

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FORTRESS CONSULTING GROUP, LLC

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TALLAHASSEE FLORIDA

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	TRIDENT IMAGING GROUP, LLC	1841 Spur Lane	<input type="checkbox"/> Add
		Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Remove
MGRM	Kenneth G. Elliott	1841 Spur Lane	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34685	<input type="checkbox"/> Remove
MGRM	Mathew L. McLane	16424 DUNLINDALE DRIVE	<input checked="" type="checkbox"/> Add
		LITHIA, FL 33547	<input type="checkbox"/> Remove
MGRM	VIMAL H. Patel, MD	10408 BRENTFORD DRIVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33626	<input type="checkbox"/> Remove
MGRM	Taaron Medley	16425 DUNLINDALE DRIVE	<input checked="" type="checkbox"/> Add
		LITHIA, FL 33547	<input type="checkbox"/> Remove
MGRM	GAGANDEEP S. MANGAT, MD	1131 DARLINGTON OAK DRIVE NE	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33703	<input type="checkbox"/> Remove

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ST. PETERSBURG, FLORIDA

MGR = Manager
AMBR = Authorized Member

2014 APR 17 PM 1:57
FALLINGWATER
OFFICE
FLORIDA
Remove
Add
Remove

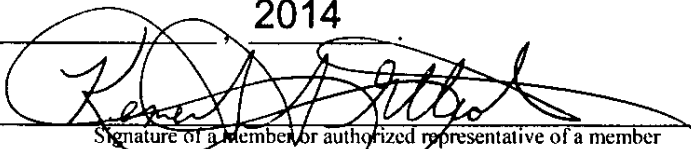
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 **April 7**

2014



Signature of a member or authorized representative of a member

KENNETH G. ELLIOTT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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