

L14000046641

(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



700286980107

07/25/16--01019--021 **25.00

FILED
16 JUL 25 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SK HEALTH CENTER 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:

MIN BAE

Name of Person

MIN BAE CPA INC

Firm/Company

9432 BAYMEADOWS RD SUITE 245

Address

JACKSONVILLE FL 32256

City/State and Zip Code

MINBAE@COMCAST.NET

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

For further information concerning this matter, please call:

MIN BAE

904 864-2588
at ()

Name of Person

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

FILED
16 JUL 25 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	SAMBORSKI, JANE S	5360 N ATLANTIC AVE UNIT 2	<input type="checkbox"/> Add
		COCOA BEACH	<input checked="" type="checkbox"/> Remove
		FL 32931	<input type="checkbox"/> Change
MGR	RUCKER, DAVID M	32 N PINE HILLS RD	<input checked="" type="checkbox"/> Add
		ORLANDO	<input type="checkbox"/> Remove
		FL 32811	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUL 25 2:41 PM
TALLAHASSEE, FLORIDA
SHERRILL C. STAFFIT
10

16 JUL 25 PM 2:43
SECRET
TALLAHASSEE, FLORIDA

FILED
JUL 25 PM 2:43
16
SECRET STATE
TALLAH, SST, FL AND

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July. 21, 2016

x Di'm. Ph
Signature of a member of a

Signature of a member or authorized representative of a member

DAVID M RUCKER

Typed or printed name of signee