

L15000195447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FALLAH, SEPT. 10, 2016

AUG 19 2016
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Med Services 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:

Mark E. Decook

Name of Person

Firm/Company

21170 Lazy Days Cir.

Address

Lutz, FL 33558

City/State and Zip Code

info@Med-Services-LLC.com

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

For further information concerning this matter, please call:

Connor Haskins

214 461-6223
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

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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>
AMBR	Laurie C. Tornow	8461 RED ROE DRIVE	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mark E. Decook	21170 Lazy Days Cir.	<input type="checkbox"/> Add
		Lutz, FL 33558	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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.

Dated 8-5-16;

Mark E. Cook
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Mark E. Decook

Typed or printed name of signee