

L16 0000 48663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

S Warren

JUN 27 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CHENGPING MASSAGE THERAPY 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:

ZHONG CHENG HUANG

\_\_\_\_\_  
Name of Person

CHENGPING MASSAGE THERAPY LLC

\_\_\_\_\_  
Firm/Company

4852 NEW BROAD ST

\_\_\_\_\_  
Address

ORLANDO FL 32814

\_\_\_\_\_  
City/State and Zip Code

WCTA2001@AOL.COM

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

For further information concerning this matter, please call:

ZHONG CHENG HUANG

407

782-1517

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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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

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	ZHONG CHENG HUANG	6125 STATE RD 54 NEW PORT F	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FANGPING YAO	4852 NEW BROAD ST ORLAND	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FLORIDA

[illegible]

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.

*Zhang Cheng Huang*  
Signature of a member or author

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

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