

L16000058126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

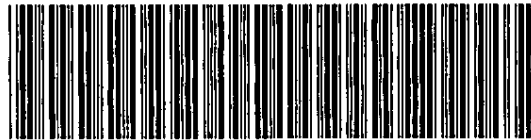
(Business Entity Name)

(Document Number)

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TAMASEE, FLORIDA

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S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTER FOR GLOBAL INITIATIVES FOR NURSING & NURSING EDUCATION 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:

LEESUK FERENCNIK

Name of Person

CENTER FOR GLOBAL INITIATIVES FOR NURSING & NURSING EDUCATION LLC

Firm/Company

1947 CANDLENUT CIR.

Address

APOPKA, FL 32712

City/State and Zip Code

lferencnik@gmail.com

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

For further information concerning this matter, please call:

LEESUK FERENCNIK 407 529-6782
Name of Person 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

at the limited liability
SECRETARY OF STATE
TASSEE.
of New Registered Agent
FLORIDA
2:49

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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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 MARCH 29, 2016

leferensik

Signature of a member or authorized representative of a member

LEESUK FERENCsik

Typed or printed name of signee

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Filing Fee: \$25.00

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