

L16000105558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

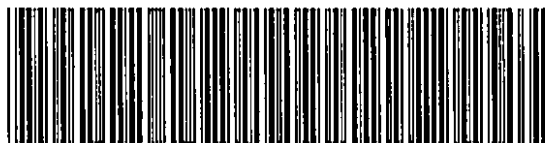
(Business Entity Name)

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2016 JAN -3 PM 1:43

JAN 04 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Transparent Health Marketplace, 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:

Samuel A. Houghton

Name of Person

HoughtonPA

Firm/Company

625 E. Lime Street, Suite 1

Address

Lakeland, Florida 33813

City/State and Zip Code

shoughton@houghtonpa.com

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

For further information concerning this matter, please call:

Samuel A. Houghton

863 899-2671
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

Transparent Health Marketplace, LLC

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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>
MGR	Kathy Sergi	5147 S Lakeland Drive	<input checked="" type="checkbox"/> Add
		Suite 3 Lakeland, FL 33813	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cliff Carroll	5147 S Lakeland Drive	<input checked="" type="checkbox"/> Add
		Suite 3 Lakeland, FL 33813	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Charles Middleton	294 Cordova Road	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joe Correia	310 Cordova Road	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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 December 19, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

2016-11-17 11:43