

File 000 126 268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

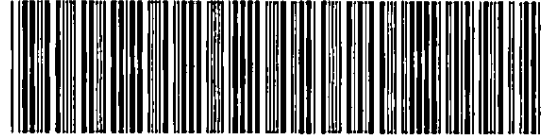
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 04 2019

FILED

19 JAN 25 AM 10:36

Handwritten signature

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLIVIA LAVELLE'S PHARMACY 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:

KEVIN BRADY

Name of Person

OLIVIA LAVELLE PHARMACIES LLC

Firm/Company

8297 CHAMPIONS GATE BLVD, SUITE 317

Address

CHAMPIONS GATE, FL 33896

City/State and Zip Code

KEVIN@LIFESTYLEBROKERS.US

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

For further information concerning this matter, please call:

PAM ECCLESTON

407

530 0124

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

OLIVIA LAVELLE'S PHARMACY LLC

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>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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


Signature of a member or authorized representative of a member

KEVIN BRADY
Typed or printed name of signer