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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

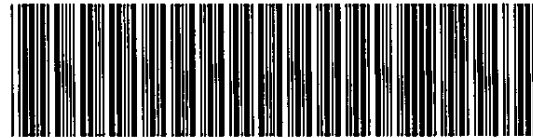
(Business Entity Name)

(Document Number)

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2016 DEC 30 A 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JAN 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life Touch Home Care 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:

Litha Antoine
Name of Person

Life Touch Home Care
Firm/Company

47 Pickering Dr
Address

Palm Coast, FL 32144
City/State and Zip Code

antoine.litha@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

marvin Antoine at (561) 708-3536
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

Life Touch Home Care LLC

FILED
2011 OCT 30 A 9:50
REGISTERED AGENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Litha m Antoine
Signature of a member or authorized representative of a member

Litha m Antoine
Typed or printed name of signee

Filing Fee: \$25.00

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2011 OCT 30 A 9:50
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TALLAHASSEE, FLORIDA