

L140000218457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

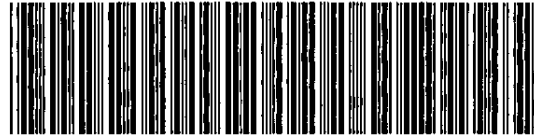
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400299039334

Amend

400299039334
05/16/17--01012--009 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 JUN -6 PM 4:18

N. CAUSSEAU

JUN - 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L16000218457

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:

ROBERT BARGER

Name of Person

APERIOIMAGE LLC

Firm/Company

7508 39TH TER N

Address

ST PETERSBURG, FL 33709

City/State and Zip Code

ROB@APERIOIMAGE.COM

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

For further information concerning this matter, please call:

ROBERT BARGER

734 730-9627
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)

*Please see copy
of check already
applied to account*

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2017

NICHOLE MORALES
5149 CENTRAL AVE
SAINT PETERSBURG, FL 33710

SUBJECT: APERIOIMAGE, LLC
Ref. Number: L16000218457

We have received your document for APERIOIMAGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 117A00009884

If amehding 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	ALAN D JACKSON	801 WEST BAY DRIVE #316	<input type="checkbox"/> Add
		LARGO, FL 33770	<input checked="" 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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Remove
Change
Add
Remove
Change

2017 JUN -6 PM 4:10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 JUN -6 PM 4:18

(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) **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 _____, _____.

Signature of a member or authorized representative of a member.

ROBERT BARGER

Typed or printed name of signee