

# L16000225779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2019

ALBERT GARCIA  
9768 SW 106 TERR  
MIAMI, FL 33176

SUBJECT: ALG HEALTHCARE CONSULTANTS, LLC  
Ref. Number: L16000225779

We have received your document for ALG HEALTHCARE CONSULTANTS, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 819A00010452

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# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ALG HealthCare Consultants, 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:

Albert Garcia

Name of Person

Firm/Company

9768 SW 106 Terrace

Address

Miami, FL 33176

City/State and Zip Code

agarciaiph@gmail.com

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

For further information concerning this matter, please call:

Albert Garcia

786

972-5403

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

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## 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
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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 MAY 5th 2019

~~Signature of a member or authorized representative of a member~~

**ALBERT GARCIA**

Typed or printed name of signee