

L17000075433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

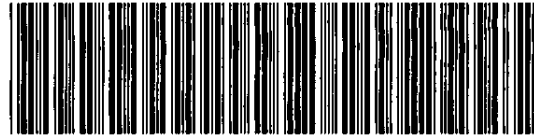
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Page 3 missing
623

Office Use Only



900298807309

05/12/17--01006--019 **25.00

JUN 01 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 12 PM 2:41



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2017

JAMES RUTHERFORD
RUTHERFORD'S NATURAL WELLNESS CENTER, LLC
5106 FORESTGREEN DRIVE W
LALELAND, FL 33811

SUBJECT: RUTHERFORD'S NATURAL WELLNESS CENTER, LLC
Ref. Number: L17000075433

We have received your document for RUTHERFORD'S NATURAL WELLNESS CENTER, 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.~~

~~PAGE 3 MISSING~~

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 017A00009620

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 12 PM 2:41

RECEIVED
2017 MAY 30 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rutherford's Natural Wellness Center, 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:

James Rutherford

Name of Person

Rutherford's Natural Wellness Center, LLC

Firm/Company

5106 Forestgreen Dr W

Address

Lakeland, FL33811

City/State and Zip Code

DrRutherfordsHerbs@gmail.com

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

For further information concerning this matter, please call:

James Rutheerford 863 698-6732

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
17 MAY 12 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rutherford's Natural Wellness Center, 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>
Director	Doyrin, Perald	3193 Greymont Cloister	<input type="checkbox"/> Add
		Douglasville, GA 30135	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

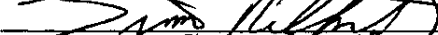
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 12 2:41 PM '11

17 MAY 12 PM EDT

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
MAY 12 PM 2:41

(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 5/26/17

 V.P.
Signature of a member or authorized representative of a member

Simon Rutherford V.P.
Typed or printed name of signee