

L17000122880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

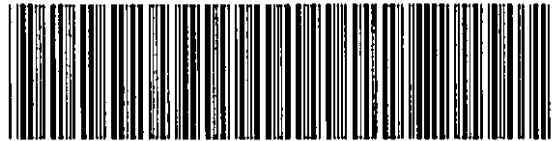
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LUXLIFT MED SPA 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:

PATRICK J LANE

Name of Person

Firm/Company

P O BOX 1005

Address

MARCO ISLAND, FL 34146

City/State and Zip Code

DJBRANSTAR@YAHOO.COM

E-mail address: (to be used for future e-mail correspondence)

~~DJBRANSTAR2@yahoo.com~~
~~DJBRANSTAR2@yahoo.com~~

For further information concerning this matter, please call:

PATRICK J LANE

239

595-6710

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

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>
MGR	DEBORAH BRANSTRATOR	832 SWAN DR	<input checked="" type="checkbox"/> Add
		MARCO ISLAND, FL 34145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANNE BRANSTRATOR	832 SWAN DR	<input type="checkbox"/> Add
		MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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18
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TALLAHASSEE, FLORIDA

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

(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.

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.

Dated JULY 19, 2018

Richard Branstetter
Signature of a member or not

Signature of a member or authorized representative of a member

DEBORAH BRANSTRATOR

Typed or printed name of signee