

L17600247262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

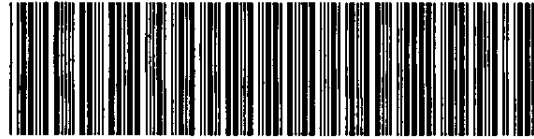
(Business Entity Name)

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TALLAHASSEE, FLORIDA

4/19/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDEN HOME HEALTH 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:

DARYA EDEN PERRY

Name of Person

EDEN HOME HEALTH LLC

Firm/Company

5418 NEFF LAKE RD

Address

BROOKSVILLE, FL 34601

City/State and Zip Code

EDENHOMEHEALTHLLC.COM

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

For further information concerning this matter, please call:

DARYA EDEN PERRY

813 475-8792

at ()

Name of Person

Area Code

Daytime Telephone Number

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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

EDEN HOME HEALTH 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>
			<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.

(b) The 90th day after the record is filed.

Dated APRIL 13, 2018

Signature of a member or authorized representative of a member

DARYA EDEN PERRY

Typed or printed name of signee