

L18000059032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

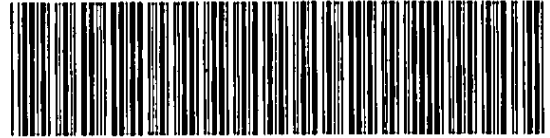
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18 APR --2 PM 2:51

J. LEGGETT
APR 03 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHEASTERN DME 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:

Name of Person

SOUTHEASTERN DME LLC

Firm/Company

200 INDIAN RIVER DRIVE STE 300

Address

FORT PIERCE, FL 34950

City/State and Zip Code

pam@qpihealthcareservices.com

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

For further information concerning this matter, please call:

PAM SEYMOUR

772

9711600

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

SOUTHEASTERN DME LLC

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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	REINALDO WILSON	29 JACKS COURT	<input checked="" type="checkbox"/> Add
		RICHMOND GA 31324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CPI HEALTHCARE SERVICES C	111 N 2ND STREET	<input type="checkbox"/> Add
		FORT PIERCE, FL 34950	<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 checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

18 APR +2 PM 2:52

E. Effective date, if other than the date of filing: 03/27/2018 (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 03/27 2018

Remaldo Wilson

Signature of a member or authorized representative of a member

REINALDO WILSON

Typed or printed name of signee