

L180000 47146

(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:

Office Use Only



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06/11/18--01043--011 **87.50

2018 JUL 11 PM 1:03
CLERK OF COURT
MASSACHUSETTS

FILED

M. MILLIGAN

JUL 11 2018



July 2, 2018

Michelle Milligan

Po Box 6327

Tallahassee, FL 32314

Subject: Total Care Plus LLC

Ref Number: L18000067146

We have applied for a Limited Partnership/Limited Liability document and sent a check in the amount of \$87.50. We were notified of this document being incorrect. We are sending the document you advised us to send in with a cost of ~~\$55.00~~ ^{87.50}. We are asking you take the \$87.50 apply that to this cost and reimburse us the difference of ~~\$32.50~~ ^{27.50} to Total Care Plus and mail it to 7284 Broad St Brooksville FL 34601.

If there are further actions that need to be taken please feel free to contact myself, Roe Infuso at (352) 942-5273 or the clinic number is (352) 631-5560.

Roe Infuso

Total Care Plus

Office Manager

RECEIVED

2018 JUL -5 PM 12:12

CLINIC 06 003
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2018

ANDREW A. BISHAY
TOTAL CARE PLUS LLC
7284 BROAD ST
BROOKSVILLE, FL 34601

SUBJECT: TOTAL CARE PLUS LLC
Ref. Number: L18000067146

We have received your document for TOTAL CARE PLUS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 018A00012149

RECEIVED

2018 JUL -5 PM 12:12

Division of Corporations
Tallahassee, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Care Plus

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:

Roe Infuso

Name of Person

Total Care Plus

Firm/Company

7284 Broad St

Address

Brooksville FL 34601

City/State and Zip Code

roe@totalcarefl.com

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

For further information concerning this matter, please call:

Roe Infuso

352 942-5273

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

SECRETARY OF STATE
2018 JUL 11 PM 1:38
U.S. AMBASSY, LONDON

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

FILED
2018 JUL 11 PM 1:30
U.S. DEPT. OF JUSTICE
STANDARD TIME
☐ Change
☐ Add
☐ Remove
☐ Change

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

DR ADEL BISHAY 51% OWNERSHIP

ANDREW BISHAY 49% OWNERSHIP

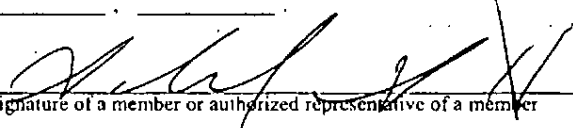
E. Effective date, if other than the date of filing: _____ (optional)

(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 11 2018


Signature of a member or authorized representative of a member

DR ADEL BISHAY

Typed or printed name of signee

2018 JUL 11 PM 1:38
SECRETARY OF STATE
JAMES E. HANCOCK

FILED