

L18000089360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

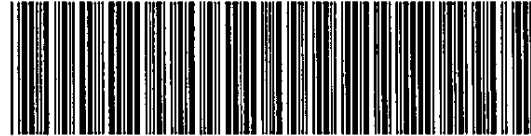
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 MAY -7 PM 1:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 10 2018
J. HARRIS

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: TRUPIANO 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:

Joseph Trupiano

Name of Person

TRUPIANO HEALTH LLC

Firm/Company

9827 nw 28 ct

Address

Coral Springs, FL 33065

City/State and Zip Code

trupianohealth@gmail.com

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

For further information concerning this matter, please call:

Michael Trupiano

954 8563963
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2018

JOSEPH TRUPIANO
9827 NW 28 CT
CORAL SPRINGS, FL 33065

SUBJECT: TRUPIANO HEALTH LLC
Ref. Number: L18000089360

We have received your document for TRUPIANO HEALTH LLC and your check(s) totaling \$30.00. 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.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 418A00008545

RECEIVED

2018 MAY -7 PM 1:36

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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FILED

TRUPIANO 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>
MGR	Joseph Trupiano	9827 nw 28 ct	☒ Add
		Coral Springs, FL 33065	☐ Remove
			☐ Change
			☐ Add
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TALLAHASSEE FLORIDA

[illegible]

(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)

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.

Joseph Turpin
Signature of _____

Joseph Trupiano

Typed or printed name of signee

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TALLAHASSEE FLORIDA