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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

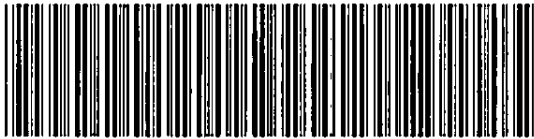
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR -5 PM 3:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVASTAR HEALTH SYSTEMS, 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 H. TYRANCE, JR.
Name of Person

Firm/Company

6290 LINTON BLVD STE 101
Address

DELRAY BEACH FL 33484
City/State and Zip Code

DRTYRANCE@AVASTARHEALTH.COM
E-mail address : annual report notification

For further information concerning this matter, please call:

PATRICK TYRANCE JR at (402) 871-4275
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
<u>MGR</u>	<u>JUSTINE BILLANTE</u>	<u>1160 SEPIA LANE</u>	<input type="checkbox"/> Add
		<u>LAKE WORTH, FL 33461</u>	<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
<u>AMBR</u>	<u>JOEL CRUZADA</u>	<u>10845 WILLOW RIDGE LOOP</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FL 32825</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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