

200017020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

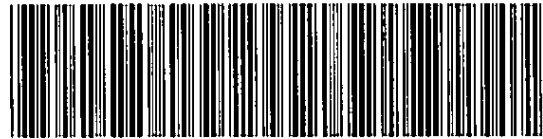
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/17/20--01001--020 **25.00

R. WATE
JUL 17 2020

2020 JUL 15 PM 12:21

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BLUELINE MEDICAL SUPPLY LLC

Signature _____

Requested by: Seth

07/10/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

EST. JUL 13 PM 1:40
1000 11:00

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BLUELINE MEDICAL SUPPLY 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:

JASON SCHNUER

Name of Person

BLUELINE MEDICAL SUPPLY LLC

Firm/Company

2061 NW 2ND AVE STE 102

Address

BOCA RATON, FL 33431

City/State and Zip Code

BLUELINEMEDICALSUPPLYLLC@GMAIL.COM

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

For further information concerning this matter, please call:

JASON SCHNUER

Name of Person

954

at ()

Area Code

9182928

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

2025.11.13 PM 12:20

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]