

9/14/2020

Division of Corporations

L 20000269369

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000319341 3)))



H200003193413ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ACCOUNTING REVENUE SERVICE, INC.
Account Number : I20110000041
Phone : (305)887-8730
Fax Number : (305)887-8744

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2020 SEP 14 AM 11:16

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEVENICE HEALTH SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2020 SEP 14 PM 3:16

Y SULKER

SEP 15 2020

Electronic Filing Menu

Corporate Filing Menu

Help

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H20000319341 3))

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARCELO EKMEKDJIAN	7901 4TH ST N STE 300	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS KISS	7901 4TH ST N STE 300	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BB200 AMERICAN GROUP LLC	16192 COASTAL HIGHWAY	<input checked="" type="checkbox"/> Add
		LEWES, DELAWARE 11158	<input 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 type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H20000319341 3))

