

L 220000 251471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

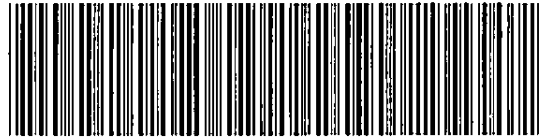
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702-701-1234

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LARGO THERMOGRAPHY & WELLNESS CENTER 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:

ARUNAS AMBRUKAITIS

Name of Person

LARGO THERMOGRAPHY & WELLNESS CENTER LLC

Firm/Company

7731 INNIS ST

Address

ST PETERSBURG FL 33709

City/State and Zip Code

emotionaltraumarelieve@gmail.com

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

For further information concerning this matter, please call:

ARUNAS AMBRUKAITIS

727 637-5303
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

[illegible]

[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.

Dated: 02/05/2024 : _____

A. Ambrosius

Signature of a member or authorized representative of a member

ARUNAS AMBRUKAITIS

Typed or printed name of signee

Filing Fee: \$25.00