

L99000002633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

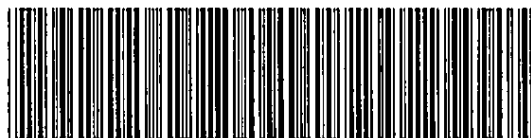
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100307326471

01/08/18--01030--012 **25.00

2018 JAN -8 AM 10:00

JAN 09 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BREVARD COMMUNITY PATHOLOGY SERVICES, 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:

SUDHIR K. VARMA

Name of Person

BREVARD COMMUNITY PATHOLOGY SERVICES, LLC

Firm/Company

1555 SAXON BLVD. #502

Address

DELTONA, FL 32725

City/State and Zip Code

medicalartslaboratoryofdeltona@yahoo.com

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

For further information concerning this matter, please call:

KAY MOHAMMED

386 574-1481
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

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>
CEO	SCHLOSS, PAUL	1555 SAXON BLVD #502	☐ Add
		DELTONA, FL 32725	☒ Remove
			☐ Change
VP	BIANCHI-SCHLOSS, LOURDES	1555 Saxon Blvd. #502	☐ Add
		DELTONA, FL 32725	☒ Remove
			☐ Change
CFO	LEMCKE, DAVID	1555 Saxon Blvd. #502	☐ Add
		DELTONA, FL 32725	☒ Remove
			☐ Change
COO	FORRISTER, KAREN	1555 Saxon Blvd. #502	☐ Add
		DELTONA, FL 32725	☒ Remove
			☐ Change
Secretary	BOGAERT, ALEXANDRA	1555 Saxon Blvd. #502	☐ Add
		DELTONA, FL 32725	☒ Remove
			☐ Change
CEO	VARMA, SUDHIR	1555 Saxon Blvd. #502	☒ Add
		DELTONA, FL 32725	☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JANUARY 4, 2018

Ex 4.1.1

Signature of a member or authorized representative of a member

SUDHIR K. VARMA

Typed or printed name of signee

2010 JUN 13 AM 10:00