

M04000 004073

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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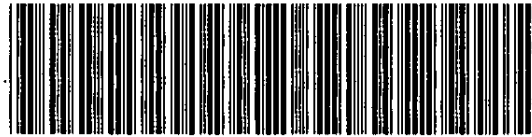
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PC 6/21/10  
E. DENNARD

**Malave, Erin**

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**From:** corphelp  
**Sent:** Thursday, June 17, 2010 9:55 AM  
**To:** 'Collins, Chris'  
**Subject:** RE: change of mailing address

Your request is being forwarded to the appropriate section for processing.

Thanks,

Lee Yarbrough  
Internet Access Section  
Florida Department of State  
Division of Corporations

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**From:** Collins, Chris [mailto:ccollins@airamidfs.com]  
**Sent:** Wednesday, June 16, 2010 8:30 AM  
**To:** corphelp  
**Subject:** change of mailing address

Please change the mailing address for the below to

1675 Palm Beach Lakes Blvd Ste 900  
West Palm Beach, FL 33401  
561-801-7600 Main office

### **Foreign Limited Liability Company**

LONG TERM CARE INSTITUTE OF ST. PETERSBURG, LLC

### **Filing Information**

**Document Number** M04000004072  
**FEI/EIN Number** 201237632  
**Date Filed** 09/29/2004  
**State** DE  
**Status** ACTIVE  
**Last Event** CANCEL ADM DISS/REV  
**Event Date Filed** 10/18/2005  
**Event Effective Date** NONE

### **Principal Address**

360 CENTRAL AVENUE  
SUITE 1550  
ST PETERSBURG FL 33701 US

Changed 05/01/2007

### **Mailing Address**

C/O 100 SECOND AVENUE SOUTH

SUITE 901S  
ST.PETERSBURG FL 33701 US

Changed 04/18/2008

**Registered Agent Name & Address**

SPECTOR GADON & ROSEN LLP  
360 CENTRAL AVE  
SUITE 1550  
ST PETERSBURG FL 33701 US

Name Changed: 06/08/2006

Address Changed: 06/08/2006

*Chris Collins*  
Controller  
Airamid Financial Services  
1675 Palm Beach Lakes Blvd Ste 900  
West Palm Beach, FL 33401  
561-801-7592 Direct  
561-801-7600 Main office  
561-267-6765 Cell  
414-368-4213 Fax  
[ccollins@airamidfs.com](mailto:ccollins@airamidfs.com)

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