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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SCOTT COUNTY GOV STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 786659 7947038

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : September 4, 2013

ORDER TIME : 2:13 PM

ORDER NO. : 786659-005

CUSTOMER NO: 7947038

FOREIGN FILINGS

NAME: SELECTIVE HEALTH PLANS LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Susie Knight -- EXT#

EXAMINER: _____

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**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SELECTIVE HEALTH PLANS LLC
2. This entity was formed under the laws of: Delaware
3. This entity was authorized to transact business in Florida on 02/03/2005
and its Florida document/registration number is M05000000585
4. The name and address of each manager or managing member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Gaynelle Carrillo

4521 PGA Blvd, Suite 178

Palm Beach, FL 33418

MGRM

MGRM

MGRM

Required Signature: Gaynelle Carrillo

Signature of Manager, Managing Member or Member

Filing Fee: \$25

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