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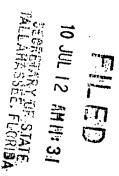
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
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D. BRUCE

JUL 13 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Amerilife & Health Services of St Petersburg, LLC Name of Foreign Limited Liability Company					
Dear Sir or Madam:					
The enclosed Affidavit by Foreign Limited Liability Managing Member(s) and fee(s) are submitted for f					
Please return all correspondence concerning this matter to the following:					
Terry M Duncan					
Name of Person					
Amerilife Group, LLC					
Firm/Company					
	10 10 10 10 10 10 10 10				
2536 Countryside Blvd #501					
Address					
Clearwater, FL 33763					
City/State and Zip Code	FLCRIE				
sowens@aiasvcs.com					
E-mail address: (to be used for future annual re	eport notification)				
For further information concerning this matter, plea					
	(
Terry Duncan at (727)	216-0859				
Name of Person Area Coc	le and Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301	•				
Enclosed is a check for the following amount:					
\$25 Filing Fee \$\times \\$30 Filing Fee & \tag\$ \$55.00 Filing Fee & \tag\$ \$60 Filing Fee,					
Certificate of Status Certified	d Copy Certificate of Status & Certified Copy				

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

The name of the limited liability compart Department of State is: Amerilife & Headers	ny as it appears on the recealth Services of St Pe	ords of the Florida tersburg, LLC
2. This entity was formed under the laws of: Delaware		/are
3. This entity was authorized to transact business in Florida on		09/02/2008
		0004018
4. The name and address of each manager	or managing member is a	s follows:
Title:	Name and Address:	
"MGR" = Manager	Tunto una Placiossi	:
"MGRM" = Managing Member		
MGR	AL Amerlife, LLC	
	2536 Countryside Blv	
	Clearwater, FL 33763	3
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And the state of t		
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Required Signature:	1/	
	Managing Member or M	<u>[ember</u>

Filing Fee: \$25