

1709000000705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

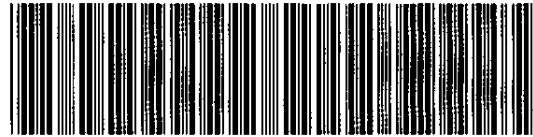
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300182830583

07/12/10--01054--020 **25.00

FILED
10 JUL 12 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 13 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ameri-Life & Health Services of Augusta, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry M Duncan

Name of Person

Amerilife Group, LLC

Firm/Company

2536 Countryside Blvd #501

Address

Clearwater, FL 33763

City/State and Zip Code

sowens@aiasvcs.com

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

FILED
10 JUL 12 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Terry Duncan

Name of Person

at (727)

216-0859

Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**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: Ameri-Life & Health Services of Augusta, LLC

2. This entity was formed under the laws of: Delaware

3. This entity was authorized to transact business in Florida on 02/19/2009
and its Florida document/registration number is M09000000705

4. The name and address of each manager or managing member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

AL Amerlife, LLC

2536 Countryside Blvd Ste 501

Clearwater, FL 33763

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25

FILED
10 JUL 12 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA