

M100000000834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

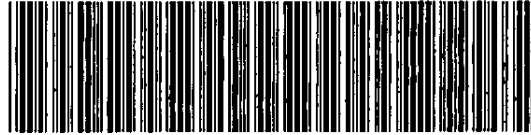
Special Instructions to Filing Officer:

L. SELLERS

MAR 19 2010

EXAMINER

Office Use Only



100171977151

03/18/10--01025--023 **55.00

FILED
10 MAR 18 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LP ST. PETERSBURG, 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:

DEIRDRE M. MCMANUS

Name of Person

SIGNATURE HEALTHCARE, LLC

Firm/Company

2979 PGA BLVD.

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

DMCMANUS@SIGNATUREHEALTHCARELLC.COM

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

For further information concerning this matter, please call:

DEIRDRE M. MCMANUS at (561) 627-0664 X131

Name of Person

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

FILED
10 MAR 18 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA