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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LP NEW PORT RICHEY, 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

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