M1000000838

•						
(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:						

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations				هز		
SUBJI	ECT: LP I	<u>10</u>	LLYWO	OD, LLC	;		·⁄
Name of Foreign Limited Liability Company							
Dear S	ir 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. MCM	ANL	JS				
	Name of Person	1					
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:							
DE	EIRDRE M. MCMANUS	at (561 ₎	(627-0	0664 X13	1
	Name of Person			le and Dayt	time '	relephone	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				
	ed is a check for the following ling Fee \$30 Filing Fee Certificate of State	&		00 Filing Fee I Copy	7	S60 Filing Certificate of Certified Cop	Status &

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

1. The name of the limited liability compand Department of State is:	y as it appears on the records of the Florida PHOLLYWOOD, LLC .
2. This entity was formed under the laws of	f: DELAWARE
3. This entity was authorized to transact but and its Florida document/registration number	siness in Florida on02/22/10 er isM1000000838
4. The name and address of each manager of	or managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	LP O HOLDINGS II, LLC 2979 PGA BLVD PALM BEACH GARDENS, FL 33410
	/
·	· .
	TALLER M
Required Signature: <u>Sanduld</u> Signature of Manager,	Managing Member or Member Managing Member or Member SER OF SER
Filing I	Fee: \$25