

M 11000063459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 11 2013

FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Laser Spine Institute Consulting, 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:

Ray Monteleone

Name of Person

Firm/Company

612 SE 5th Ave

Address

Suite 6, Ft Lauderdale, FL 33301

City/State and Zip Code

Ray@paladinglobalpartners.com

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

For further information concerning this matter, please call:

Ray Monteleone at ( 954 ) 653-1071

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

13 SEP 10 PM 4: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 19, 2013

RAYMOND MONTELEONE  
612 SE 5TH AVE  
STE 6  
FT LAUDERDALE, FL 33301

SUBJECT: LASER SPINE INSTITUTE CONSULTING LLC  
Ref. Number: M11000003459

We have received your document for LASER SPINE INSTITUTE CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 913A00019765

**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: Laser Spine Institute Consulting LLC

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

3. This entity was authorized to transact business in Florida on 7/8/2011  
and its Florida document/registration number is M11000003459

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM


LSI HoldCo, LLC

3031 N. Rocky Point Dr. W STE 300

Tampa, FL 33607

FILED  
13 SEP 10 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Required Signature: \_\_\_\_\_

  
Signature of Manager, Managing Member or Member

Filing Fee: \$25