

208 0000 90045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

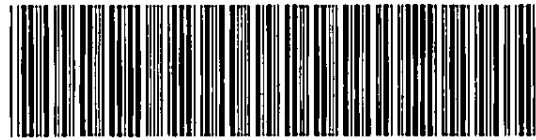
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JAN 13 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oviedo Medical, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Nasser

Name of Person

Elevated Law

Firm/Company

600 17th Street, Suite 2800 South

Address

Denver, Colorado 80226

City/State and Zip Code

tnasser@elevated.law

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

For further information concerning this matter, please call:

Tony Nasser

407

595-5582

at (_____)

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

