

L12000113439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12 DEC -5 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Jax Eye Care, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allison Falden

Name of Person

Firm/Company

2961 Antigua Dr

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

allistanton@live.com

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

For further information concerning this matter, please call:

Allison Falden

Name of Person

at (904) 662-8955

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

North Jax Eye Care, LLC

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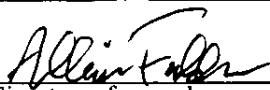
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated Dec 3, 2012.



Signature of a member or authorized representative of a member

Allison Falden

Typed or printed name of signee

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Filing Fee: \$25.00