

L13000164838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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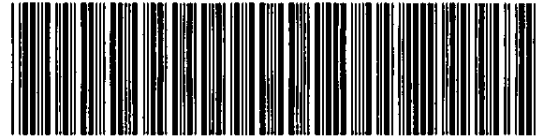
(Business Entity Name)

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16 JAN 31 PM 2:32  
TALLAHASSEE FL 32304  
SOUTH FLORIDA  
SECRETARY OF STATE

L. Shivers FEB 04 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Advance Dermal Sciences, 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:

**Sean C. Selk, Esq.**

Name of Person

**Sean C. Selk, P.A.**

Firm/Company

**301 Clematis Street, Suite 3000**

Address

**West Palm Beach, FL 33401**

City/State and Zip Code

**sselk@selklaw.com**

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

For further information concerning this matter, please call:

**Sean C. Selk, Esq.**

Name of Person

at **(561) 228-1848**

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



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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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14 JUN 2002  
2002  
MILWAUKEE COUNTY  
REGISTRATION DIVISION

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 27, 2014



Signature of a member or authorized representative of a member

SEAN C. SELK, ESQ.

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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