

W4000062677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

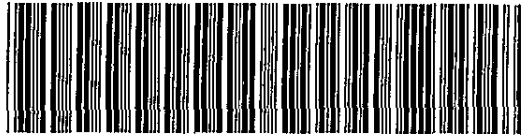
Special Instructions to Filing Officer:

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correction  
of  
name change

Office Use Only

W4-062677



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FILED  
04 SEP -2 AM 10:33  
STATE  
TALLAHASSEE FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEATHER ABU-SARKODIE DDS LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

EARL R RUSSELL  
(Name of Person)

BRUSSELL ACCOUNTING SERVICES INC  
(Firm/Company)

322D GUNNERY RDs  
(Address)

LEHIGH ACRES FL 33971  
(City/State and Zip Code)

For further information concerning this matter, please call:

EARL RUSSELL at (239) 368-0220  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

HEATHER ABU-SARKODIE DDS LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

MISSPELLED NAME

HEATHER ADU-SARKODIE DDS LLC

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated:

AUGUST 31, 2004

Rebecca Russell

Signature of a member or authorized representative of a member

REBECCA J RUSSELL

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

04 SEP -2 AM 10:34  
STATE  
TALLAHASSEE FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L04000062677  
FILED 8:00 AM  
August 24, 2004  
Sec. Of State  
dcushing

**Article I**

The name of the Limited Liability Company is:  
HEATHER ABU-SARKODIE DDS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2307 OWEN AVE  
LEHIGH ACRES, FL. US 33971

The mailing address of the Limited Liability Company is:  
2307 OWEN AVE  
LEHIGH ACRES, FL. US 33971

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
EARL R RUSSELL  
322 GUNNERY ROAD  
SUITE D  
LEHIGH ACRES, FL. 33971

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: EARL R. RUSSELL

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
HEATHER ADU-SARKODIE  
2307 OWEN AVE  
LEHIGH ACRES, FL. 33971 US

L04000062677  
FILED 8:00 AM  
August 24, 2004  
Sec. Of State  
dcushing

### **Article VI**

The effective date for this Limited Liability Company shall be:

08/25/2004

Signature of member or an authorized representative of a member

Signature: HEATHER ADU-SARKODIE