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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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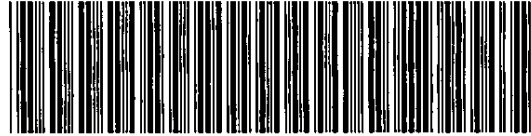
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JUL 20 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Legal Concepts
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel C. Cartwright
Name of Person

Medical Legal Concepts
Firm/Company

38 Windsor Lane
Address

Palm Beach Gardens, FL 33418
City/State and Zip Code

rachel@ContactMLC.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Cartwright at (561) 2678476
Name of Person Area Code & 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
- \$55 Filing Fee & Certified Copy