

LOS 000044668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

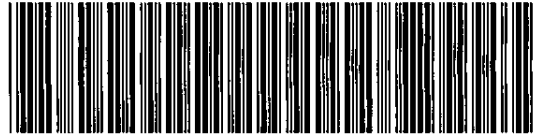
(Business Entity Name)

(Document Number)

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T. CLINE

OCT - 4 2012

EXAMINER

2012 OCT - 3 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DANIEL C. DAUBE, SR., MD, 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:

DALE E. VEITCH

Name of Person

LEXINGTON FAMILY OFFICE

Firm/Company

1651 N. CLYDE MORRIS BLVD, STE 4

Address

DAYTONA BEACH, FL 32117

City/State and Zip Code

dale@lexingtonfamilyoffice.com

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

For further information concerning this matter, please call:

DALE VEITCH

Name of Person

at (386) 566-7249

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT -3 PM 2:03

DANIEL C. DAUBE, JR., MD, LLC
(Name of the Limited Liability Company, if it now appears on our records)

The Articles of Organization for this Limited Liability Company were filed on 05/05/2005 and assigned Florida document number 605000044668

Page 1 of 2

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

Title	Name	Address	Type of Action
MGRM	Daniel C. Daube, Sr., Trust	200 DOCTORS DRIVE PANAMA CITY, FL 32405	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DCDS MANAGEMENT, LLC	200 DOCTORS DRIVE PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

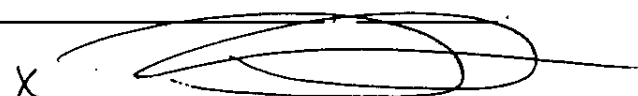
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALAMASSO, FLORIDA

2012 OCT -3 PM 2:23

FILED

Dated _____

X 

Signature of a member or authorized representative of a member

DANIEL C. DAUBE, SR., MD

Typed or printed name of signee