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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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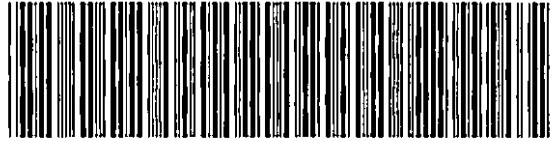
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C. GOLDEN

FEB 14 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Susan A Driscoll, O.D.,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:

Susan Driscoll

Name of Person

Susan A Driscoll, O.D.,LLC

Firm/Company

717 Saint Dunstan Way

Address

Winter Park, FL 32792

City/State and Zip Code

sdriscoll717@hotmail.com

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

For further information concerning this matter, please call:

Susan Driscoll

407 739 2123

at ()

Name of Person

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

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DEPT. OF STATE
TALLAHASSEE, FL

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MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b):

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Am. Abigail

Susan Driscoll

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Filing Fee: \$25.00