

LO6000042653

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(Address)

(City/State/Zip/Phone #)

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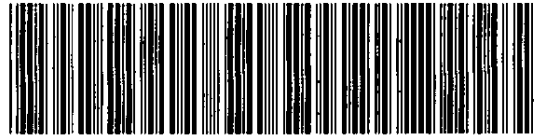
(Business Entity Name)

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T. HAMPTON

JAN 14 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doral Surgical Services, 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:

MAXIMO R. TIRADOR
Name of Person
Doral Surgical Services, LLC
Firm/Company
6448 NW 114th Ave Unit 405
Address
DORAL FLORIDA 33178
City/State and Zip Code
mtirador@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA D Rodriguez at 305) 463-6690
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

DORAL SURGICAL SERVICES, LLC

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlos Szajner	6440 NW 114 th Ave, Unit 405 Doral, Florida 33178	<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
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			<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.)

Dated 1-6, 2010.

Maximo R. Tirador
Signature of a member or authorized representative of a member
Maximo R. Tirador
Typed or printed name of signee

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