

L 060000 50972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

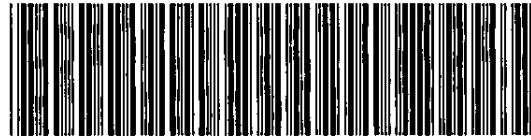
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Shivers NOV 19 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2014

MIGUEL VIADERO
1180 SPRING CENTRE S BLVD #221
ALTAMONTE SPRINGS, FL 32714

SUBJECT: WHITEFISHLOMA, LLC
Ref. Number: L06000050972

We have received your document for WHITEFISHLOMA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00023487

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHITEFISHLOMA,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:

MIGUEL VIADERO

Name of Person

CENTRAL FLORIDA DENTAL LAB

Firm/Company

1180 SPRING CENTRE SOUTH BLVD #221

Address

ALTAMONTE SPRINGS,FL 32714

City/State and Zip Code

CENTRALFLORIDA@EMBARQMAIL.COM

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

For further information concerning this matter, please call:

MIGUEL VIADERO

407 862-2900

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LORI G SOMMERS	6091 LINNEAL BEACH DR	<input type="checkbox"/> Add
		APOPOKA, FL	<input checked="" type="checkbox"/> Remove
		32703	
AMBR	MIGUEL VIADERO	5777 PRENTISS WAY	<input checked="" type="checkbox"/> Add
		OVIEDO, FL	<input type="checkbox"/> Remove
		32765	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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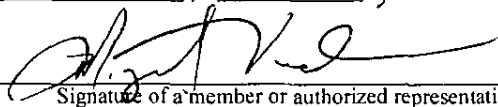
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/10/14



Signature of a member or authorized representative of a member

Miguel V. Azero

Typed or printed name of signee

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Filing Fee: \$25.00

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