

L06000053868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

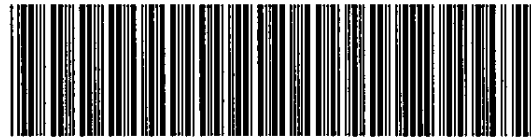
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

cm
10/28/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OAKSTEAD INTERNAL MEDICINE, 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:

JANET HEINIG

Name of Person

OAKSTEAD I.M., LLC

Firm/Company

6340 W. MACLAURIN DR.

Address

TAMPA, FL 33647

City/State and Zip Code

jnt1968@msn.com

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

For further information concerning this matter, please call:

Janet Heinig

Name of Person

at (813)

Area Code

220-7316

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

OAKSTEAD INTERNAL MEDICINE, LLC

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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>
MGR	Daniel Heinig	6340 W. Maclaurin Dr.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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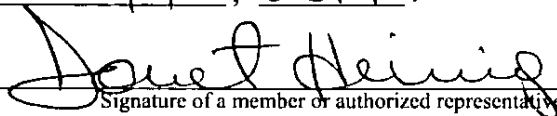
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 October 14, 2014.



Signature of a member or authorized representative of a member

JANET HEINIG

Typed or printed name of signee

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Filing Fee: \$25.00

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