

L060000072695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

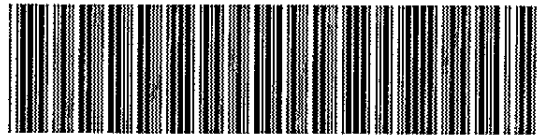
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2006 AUG -1 A 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

FILED

TO: Registration Section
Division of Corporations

2006 AUG -1 A 10:48

SUBJECT: West Coast Dental Partners LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sachin Patel

(Name of Person)

West Coast Dental Partners LLC

(Firm/Company)

16633 Ivy Lake Drive

(Address)

Odessa, FL 33556

(City/State and Zip Code)

For further information concerning this matter, please call:

Sachin Patel

(Name of Person)

at (813) 765-0879

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30
business days to correct the attached articles of organization or application to transact business
in Florida.

A 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
West Coast Dental Partners, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The correct name should be West Coast Dental Partners, PL. This entity should be
organized as an Professional Limited Liability Company

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: June 25 2006

[Signature]
Signature of a member or authorized representative of a member

Sachin 1419

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)