

LD8000075270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400288902064

08/16/16--01010--020 **25.00

2016 AUG 15 P 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 16 2016
L. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mt Dora Dental Care 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:

C F Johary
Name of Person

Mt Dora Dental Care LLC
Firm/Company

1321 Apopka Airport Rd Unit G
Address

Apopka, FL 32712
City/State and Zip Code

cfjorlando@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Johary at (321) 945-9545
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 15 P 12: 32

FILED

Mt Dora Dental Care LLC

The Articles of Organization for this Limited Liability Company were filed on 8/5/2008 and assigned Florida document number L080000752.70

Central Florida Dental Care LLC

Page 1 of 3

2016 AUG 15 PM 1:50
Zip Code
TALLAHASSEE, FL 32309
Free to comply with the

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED
2025 AUG 15 12:12
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

2018 AUG 15 P 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 AUG 15 PM 2:32

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 10, 2016.

Signature of a member or authorized representative of a member

Typed or printed name of signee