

L08000110419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

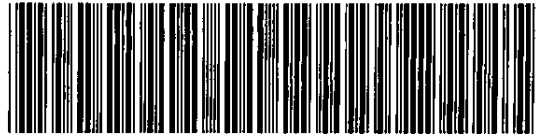
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800163064198

12/04/09--01008--002 **25.00

FILED
09 DEC -4 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

DEC -7 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PREMIER PRACTICE SOLUTIONS, 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:

Susan McKenzie

Name of Person

PREMIER PRACTICE SOLUTIONS, LLC

Firm/Company

2320 SW 131st Terrace

Address

Davie, FL 33325

City/State and Zip Code

susan2320@mac.com

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

For further information concerning this matter, please call:

Susan McKenzie

Name of Person

at (**954**)

592-1229

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

PREMIER PRACTICE SOLUTIONS, 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:

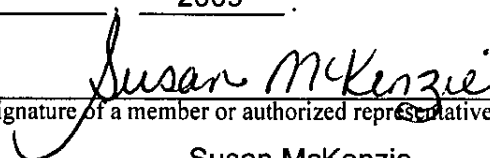
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pankaj Tandon	233 North Federal Highway, Suite 37 Dania Beach, FL 33004	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

FILED
 DEC-4 PM 12:43
 CLERK OF COURT
 STATE OF FLORIDA
 TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated December 2nd 2009


 Signature of a member or authorized representative of a member
 Susan McKenzie
 Typed or printed name of signer