

L08000116102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

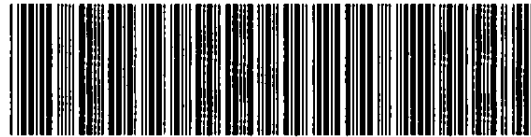
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



300184024763

08/05/10--01014--019 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG -5 AM 10:50

T. HAMPTON

AUG -6 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOUR SEASON DENTAL, 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:

LUIS R. CALDERON

Name of Person

BELAIR ACCOUNTING SERVICES, INC

Firm/Company

1631 E. VINE ST., STE H

Address

KISSIMMEE, FL 34744

City/State and Zip Code

adiush@aol.com

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

For further information concerning this matter, please call:

DR. HERMAN MORALES

Name of Person

at (407)

381-3377

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

FOUR SEASON DENTAL, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG -5 AM 10:50

Page 1 of 2

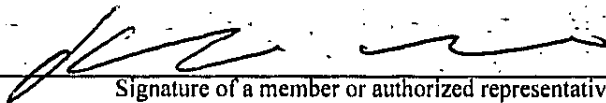
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAOLA A. ALVAREZ	4403 URBANA DRIVE APT 205 ORLANDO, FL 32837	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated AUGUST 02, 2010



Signature of a member or authorized representative of a member

DR. HERMAN MORALES

Typed or printed name of signee

FILED
10 AUG -5 AM 10:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS