

LC9 0000008297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

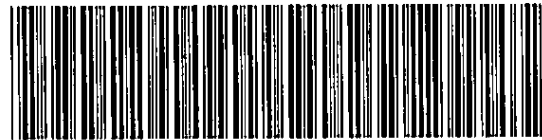
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Natalia Alvarado DMD LLC

Name of Limited Liability Company

(DBA  
All Smiles  
Dental)

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

Please return all correspondence concerning this matter to the following:

Natalia Alvarado

Name of Person

All Smiles Dental

Firm/Company

2500 E. Commercial Blvd Ste E

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

nataliadmd@gmail.com

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

For further information concerning this matter, please call:

Natalia Alvarado

Name of Person

at (954) 696-3305

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Natalia Alvarado DMD LLC

The Articles of Organization for this Limited Liability Company were filed on 1-23-09 and assigned  
Florida document number L09000008297

Natalia Alvarado Stadler DMD LLC

**If Changing Registered Agent, Signature of New Registered Agent**


2021 FFB 23

[illegible]

[illegible]

**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 2-18-2021

  
Signature of a member or authorized representative of a member

Natalia Alvarado  
Typed or printed name of signee

**Filing Fee: \$25.00**