

L09000029511

(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



500354594655

11/09/20--01015--030 **25.00

11/10/20 11:12:17

O SIMMONS

DEC 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PINE BROOK PHARMACY 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:

Jennifer L. Codding

Name of Person

Massey Law Group, P.A.

Firm/Company

PO Box 262

Address

St. Petersburg, FL 33710

City/State and Zip Code

jcodding@masseylawgrouppa.com

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

For further information concerning this matter, please call:

Jennifer L. Codding

Name of Person

at (813) 868-5601

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

202311 - 0 F112: 1.7

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Ragship LLC	19107 Harbor Cove Court	<input checked="" type="checkbox"/> Add
		Lutz, FL 33558	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Heena Thakkar	19107 Harbor Cove Court	<input type="checkbox"/> Add
		Lutz, FL 33558	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gautam Thakkar	19107 Harbor Cove Court	<input type="checkbox"/> Add
		Lutz, FL 33558	<input checked="" 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

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

203M - 1. 8. 2007

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/28/2020 ,

DocuSigned by:

heona
E893B8DB50C04DE

FB93BBD850C4D5

Signature of a member or authorized representative of a member

Heena Thakkar

Typed or printed name of signee

Filing Fee: \$25.00