

LO9000051416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

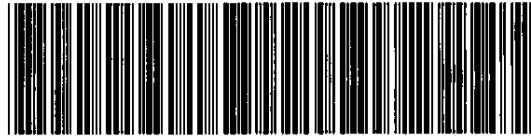
(Business Entity Name)

(Document Number)

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**Murphy, Erin L.**

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**From:** Larry Brock [dlbrock1@gmail.com]  
**Sent:** Wednesday, July 01, 2009 5:52 PM  
**To:** CorpAddressChange  
**Subject:** Change of Address

Please change the address of the following offices of my business...

Mailing address  
Principal office  
Owner address

TO

D. Lawrence Brock, DMD  
8330 SW 23rd PL  
Gainesville, FL 32607

In addition, my EIN is 27-0254612

The name of my business is ... Pool Doc LLC  
Doc file # L09000051416

This is also an appropriate address to use to contact me. Please call me if there are any questions.

Sincerely,  
D. Lawrence Brock, DMD  
Cell Phone 352.514.3992

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