

L09000055944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

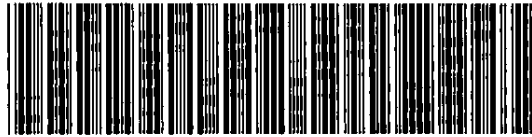
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. [unclear] JUL 14 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lakewood Park Veterinary Alliance
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:

Carrol Frischkorn

Name of Person

Tri-County Animal Hospital

Firm/Company

1811 Okeechobee Rd.

Address

Ft. Pierce FL 34950

City/State and Zip Code

Carrol Frischkorn

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

For further information concerning this matter, please call:

Carrol Frischkorn

Name of Person

at (772)

461 1311

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
(Records.)

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:

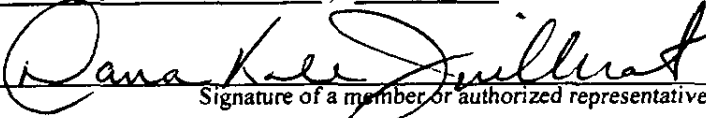
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dana K. Juillerat	1811 Okeechobee Rd. Ft. Pierce FL 34950	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Dana K. Juillerat	1811 Okeechobee Rd. Ft. Pierce FL 34950	<input checked="" 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)*

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Dated July 10, 2009


Signature of a member or authorized representative of a member
Dana K. Juillerat Matthew Wallace
Typed or printed name of signee