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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY -1 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Senior Dental Care, 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:

Tony Layne

Name of Person

Senior Dental Care, LLC

Firm/Company

PO Box 413

Address

Blountstown, FL 32424

City/State and Zip Code

tony@myseniordentalcare.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tony Layne

Name of Person

at ( 850 )

556-8669

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

**Senior Dental Care, LLC**

(A Florida Limited Liability Company)

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	Tony Layne	18908 NE State Road 69 Blountstown, FL 32424	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LAYNE DENTAL INVESTMENTS, LLC	18908 NE State Road 69 Blountstown, FL 32424	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LAYNE DENTAL HOLDINGS, LLC	19606 State Road 20 West Blountstown, FL 32424	<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

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

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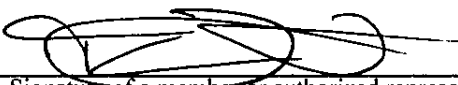


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Dated APRIL 25, 2012.

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
TONY LAYNE  
 \_\_\_\_\_  
 Typed or printed name of signee