

LD9000102851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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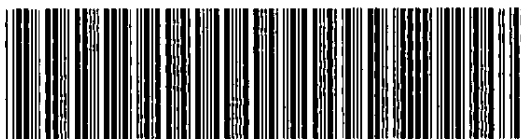
(Business Entity Name)

(Document Number)

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2010 JAN 21 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 22 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HIGH SPRING PEDIATRICS, 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:

NASIR U AHMED

Name of Person

Firm/Company

117 NW KNIGHT AVE

Address

LAKE CITY, FL 32055

City/State and Zip Code

nasirahmed54@yahoo.com

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

For further information concerning this matter, please call:

NASIR U AHMED

Name of Person

at (**304**)

826-7321

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

FILED

HIGH SPRING PEDIATRICS, LLC

**ORDS, SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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	NASIR U AHMED	117 NW KNIGHT AVE LAKE CITY, FL 32055	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 1/19/10, _____.

Nasir Uddin Ahmed
Signature of a member or authorized representative of a member

NASIR U AHMED
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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