

L1 0000041433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

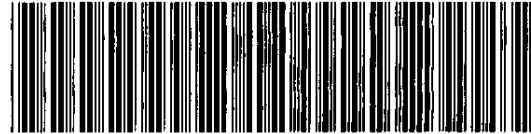
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 NOV 19 AM 9:37
SEC OF STATE
TALLAHASSEE, FL 32310

FILED

T. CLINE

NOV 22 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2010

PAMELA WESTMORELAND
1941 W. COUNTRY ROAD 419, SUITE 1061
OVIEDO, FL 32766

SUBJECT: WESTMORELAND DENTAL, LLC
Ref. Number: L10000041433

We have received your document for WESTMORELAND DENTAL, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 510A00026205

RECEIVED
DIVISION OF CORPORATIONS
FLORIDA

2010 NOV 19 AM 9:37

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westmoreland Dental, 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:

Dr. Pamela Westmoreland
Name of Person

Westmoreland Dental, LLC
Firm/Company

1941 W. County Road 419, Suite 1061
Address

Oviedo, FL 32766
City/State and Zip Code

pmw1222@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Pamela Westmoreland at (407) 977-7797
Name of Person 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

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1941 W. County Road 419
Suite 1061
Oviedo, FL 32766

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Dr. Pamela Westmoreland

New Registered Office Address: 1941 W. County Road 419, Suite 1061
Enter Florida street address

Oviedo, Florida 32766
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Pamela Westmoreland
If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	Dr. Pamela Westmoreland	1941 W. County Road 419 Suite 1061 Oviedo, FL 32766	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Dr. Pamela Westmoreland	2748 Bellewater Place Oviedo, FL 32766	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		<p>→ This is my home address. I could not receive mail @ the 1941 CR 419 address until just recently. Please remove the 2748 Bellewater address.</p>	
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please change the office phone # from 352-256-5578 to 407-977-7797.

Dated November 16, 2010.

Pamela Westmoreland
Signature of a member or authorized representative of a member

Pamela Westmoreland
Typed or printed name of signee