

L1000000 68800

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

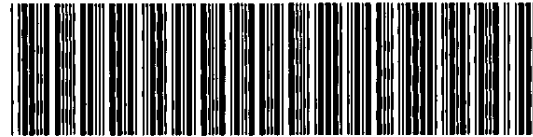
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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9/14/10  
E. DENNARD

fei

**Shoffstall, Lyn**

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**From:** Seidel, Marijke V [mseidel@paychex.com]  
**Sent:** Wednesday, September 01, 2010 6:53 PM  
**To:** CorpAddressChange  
**Subject:** EIN update for Sunbiz.org

**Attachments:** Scan001.PDF



Scan001.PDF  
(181 KB)

L1000 0068800

Good afternoon,

A current client of ours asked me to forward this IRS information to you.

Apparently the EIN# has never been updated on Sunbiz, so could you please use the supporting information to enter in their: FEI/EIN Number?

They just submitted their DR-1 online application today, and they did not want the missing FEI/EIN Number, to hold up getting a SUI Acct#.

If you have any questions, please feel free to call me or the client.



Client Contact: Ricardo Perez Tel# 321-972-1972

Thank you for your time.

Marijke Seidel  
Paychex Inc  
Sales Assistant  
Tel # 800-532-4980 ext. 22750  
Fax # 877-884-0645

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<a href="#">No Events</a>	<a href="#">No Name History</a>			<input type="button" value="Submit"/>	
<b>Detail by Entity Name</b>					
<b><u>Florida Limited Liability Company</u></b>					
RICARDO A. PEREZ, MD, PLLC					
<b><u>Filing Information</u></b>					
Document Number L10000068800					
FEI/EIN Number <del>NONE</del> 27-300 3939					
Date Filed 06/29/2010					
State FL					
Status ACTIVE					
<b><u>Principal Address</u></b>					
102 PARK PLACE BLVD. SUITE D3 KISSIMMEE FL 34741 US					
<b><u>Mailing Address</u></b>					
102 PARK PLACE BLVD. SUITE D3 KISSIMMEE FL 34741 US					
<b><u>Registered Agent Name &amp; Address</u></b>					
HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA FL 33950 US					
<b><u>Manager/Member Detail</u></b>					
<b>Name &amp; Address</b>					
Title MGR					
PEREZ, RICARDO A 102 PARK PLACE BLVD. SUITE D3 KISSIMMEE FL 34741 US					
<b><u>Annual Reports</u></b>					
No Annual Reports Filed					
<b><u>Document Images</u></b>					
06/29/2010 -- Florida Limited Liability <input type="button" value="View image in PDF format"/>					
<div>Note: This is not official record. See documents if question or conflict.</div>					
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# PAYCHEX

## Employer Identification Number Verification Form

**Note:** Form must be accompanied by a completed 8821.

The IRS Practitioner Priority Service hotline (866-860-4259) can be used to confirm a taxpayer's EIN **verbally**. Make every attempt to procure alternate sources of federal documentation. This includes having the client contact the IRS directly in order to receive a federal document.

For extreme cases where it is not possible to obtain any form of documentation, Taxpay<sup>®</sup> will accept new loads without federal documentation, as long as there is a documented conversation with the IRS. The documented conversation should include the name and badge ID number of the IRS representative that verified the client's EIN number, name, and address.

All fields are required.

Client's Employer Identification Number 27-3003939

Client's Legal Name Ricardo A Perez MD, PLLC

DBA \_\_\_\_\_

Client's Legal Address 102 Park Place Blvd Ste D3  
Kissimmee, FL 34741

IRS EE Name Frank Irsch

IRS EE Badge ID# 0196106

Jessica Rivera

Sales Representative or Designee Name (Printed)



Sales Representative or Designee Signature

Verification Date 9/1/10

Verification Time 6:31 AM/PM PM

Type of Filer: 941 / 943 / 944

Seasonal Employer: Y or N

Form **8821**

(Rev. August 2008)

Department of the Treasury  
Internal Revenue Service**Tax Information Authorization**

- Do not sign this form unless all applicable lines have been completed.  
Do not use this form to request a copy or transcript of your tax return.

Instead, use Form 4506 or Form 4506-T

OMB No. 1545-1165

FOR IRS Use Only

Received By:

Name \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**1 Taxpayer Information.** Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print) <b>Ricardo A Perez MD LLC</b> 1479 Gene St  Winter Park, FL 32789	Social security number(s) <b>598   07   0144</b>	Employer Identification Number  <b>27-3003939</b>
	Daytime telephone number <b>(407)460-7432</b>	Plan number (if applicable)

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

Name and address <b>Paychex, Inc. 161124166</b> <b>911 Panorama Trail South</b> <b>Rochester, NY 14625</b>	CAF No. .... Telephone No. .... Fax No. .... Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
<b>Employment</b>	<b>941</b>	<b>2010</b>	<b>tax matters</b>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4: If you check this box, skip lines 5 and 6.  
For name, address & EIN verification and/or research of entity ☒**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):

- a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☐
- b If you do not want any copies of notices or communications sent to your appointee, check this box ☒


**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box ☐

To revoke this tax information authorization, see the instructions on page 4.

**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature  Date 8/31/2010

Signature \_\_\_\_\_ Date \_\_\_\_\_

Jessica Perez

Managing member

Print Name

Title (if applicable)

Print Name

Title (if applicable)

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature☐ ☐ ☐ ☐ ☐ PIN number for electronic signature