

L10000086977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

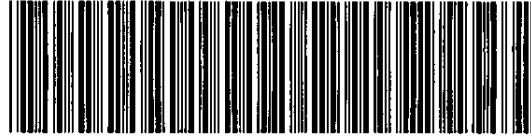
(Business Entity Name)

(Document Number)

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

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Office Use Only



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04/22/14--01006--011 \*\*35.00

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14 MAY 12 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

dec 5/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Doc Edge of Cape Coral, 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:

Lawrence M. Wier

Name of Person

Doc Edge of Cape Coral, LLC

Firm/Company

1326 Cape Coral Parkway E, Suite #1

Address

Cape Coral, FL 33904

City/State and Zip Code

lmw@premierinsurancecorp.com

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

For further information concerning this matter, please call:

Lawrence M. Wier

at ( 239 )

542-7101

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)

Check for \$35.00 previously mailed  
and already cashed - (copy attached)

**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

SECRETARY  
TALLAHASSEE, FL 32301

14 MAY 12 PM 4:45

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# DOC EDGE OF CAPE CORAL, LLC

1326 Cape Coral Parkway E, Suite #1, Cape Coral, FL 33904

Phone: 239-542-7101 Fax: 239-542-0693

April 14, 2014

Amendment Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: Document Number L10000086977  
Doc Edge of Cape Coral, LLC

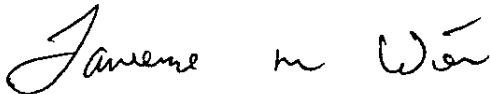
To Whom It May Concern:

Please have our mailing address amended to read 1326 Cape Coral Parkway E, Suite #1, Cape Coral, FL 33904 and physical address also corrected to read 1326 Cape Coral Parkway E, Suite #1, Cape Coral, FL 33904.

The changes are indicated on the attached form in red and our check for \$35.00 payable to Department of State is enclosed.

Please contact ur office if you need any further paperwork to make this change.

DOC EDGE OF CAPE CORAL, LLC

A handwritten signature in cursive script, appearing to read "Lawrence M. Wier".

Lawrence M. Wier, Managing Member

Encl. As above

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

DOC EDGE OF CAPE CORAL, LLC

**Filing Information**

<b>Document Number</b>	L10000086977
<b>FEI/EIN Number</b>	273275986
<b>Date Filed</b>	08/19/2010
<b>State</b>	FL
<b>Status</b>	ACTIVE

**Principal Address**1326 CAPE CORAL PARKWAY E , Suite #1  
CAPE CORAL, FL 33904

Changed: 01/04/2012

**Mailing Address**

PO BOX 100770-----	1326 Cape Coral Parkway E, Suite #1
CAPE CORAL, FL 33910-	Cape Coral, FL 33904

**Registered Agent Name & Address**WIER, LAWRENCE M  
1326 CAPE CORAL PARKWAY E , Suite #1  
CAPE CORAL, FL 33904

Address Changed: 01/04/2012

**Authorized Person(s) Detail****Name & Address**

Title MGRM

WIER, LAWRENCE M  
1326 CAPE CORAL PARKWAY E, Suite #1  
CAPE CORAL, FL 33904**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2012	01/04/2012
2013	01/25/2013
2014	01/09/2014

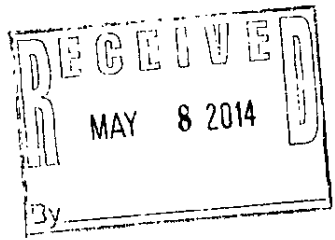


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2014

*From*

LAWRENCE M. WIER, MANAGING MEMBER  
DOC EDGE OF CAPE CORAL, LLC  
1326 CAPE CORAL PARKWAY E., SUITE #1  
CAPE CORAL, FL 33904



SUBJECT: DOC EDGE OF CAPE CORAL, LLC  
Ref. Number: L10000086977

We have received your document for DOC EDGE OF CAPE CORAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

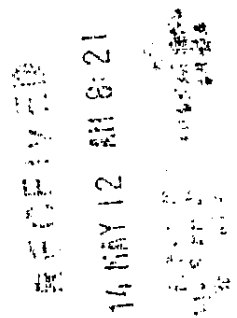
Please complete the attached form to make all the requested changes.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 014A00009166



*See attach Documents -*

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Doc Edge of Cape Coral, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/19/2010 and assigned  
Florida document number L10000086977.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1326 Cape Coral Parkway E, Ste #1  
Cape Coral, FL 33904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1326 Cape Coral Parkway E, Suite #1

Cape Coral, FL 33904

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14 MAY 12 PM 4:45  
TALLAHASSEE

**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:

New Registered Office Address:

1326 Cape Coral Parkway E, Suite #1  
*Enter Florida street address*

Cape Coral, Florida 33904  
*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 605, 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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		1326 Cape Coral Parkway E. Suite 111	<input type="checkbox"/> Add
		Cape Coral, FL 33904	<input checked="" type="checkbox"/> Change <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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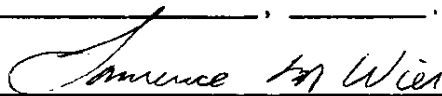
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 08, 2014



Signature of a member or authorized representative of a member

Lawrence M. Wier, Managing Member

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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14 MAY 12 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA