

L10000105476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

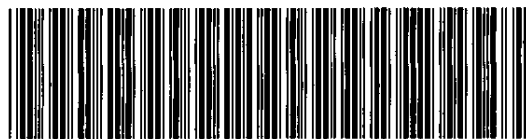
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/26/10
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No Events No Name History

Detail by Entity Name

Florida Limited Liability Company

SUSAN H. JACQUOT, DDS, PL

Filing Information

Document Number	L10000105476
FEI/EIN Number	NONE
Date Filed	10/08/2010
State	FL
Status	ACTIVE
Effective Date	10/08/2010

27-3636748

Principal Address

1626 SOUTH CONWAY ROAD
ORLANDO FL 32812

Mailing Address

1626 SOUTH CONWAY ROAD
ORLANDO FL 32812

Registered Agent Name & Address

JACQUOT, DAVID L ESQ.
1626 SOUTH CONWAY ROAD
ORLANDO FL 32812 US

Manager/Member Detail

Name & Address

Title MGR
JACQUOT, SUSAN H
2714 HOFFNER AVENUE
ORLANDO FL 32812

Title MGR
JACQUOT, DAVID L
2714 HOFFNER AVENUE
ORLANDO FL 32812

Annual Reports

No Annual Reports Filed

Document Images

10/08/2010 - Florida Limited Liability

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)

Susan H Jacquot DDS PL

1626 South Conway Road

Orlando, FL 32812

Social security number(s)

227 | 68 | 3284

Employer Identification Number

27-3636748

Daytime telephone number

(407)894-6250

Plan number (if applicable)

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

Name and address

Paychex, Inc. 161124166**911 Panorama Trail South****Rochester, NY 14625**

CAF No.

Telephone No.

Fax No.

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐**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.)

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

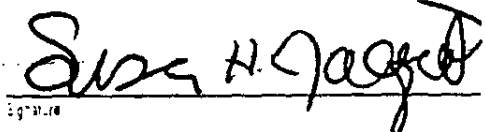
5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☐b If you do not want any copies of notices or communications 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.



10/22/2010

Date

Signature

Date

Susan Jacquot

President

Print Name

Title (if applicable)

Print Name

Title (if applicable)

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

Malave, Erin

From: Malcolm, Ashley Louise [amalcolm@paychex.com]
Sent: Friday, October 22, 2010 2:40 PM
To: CorpAddressChange
Subject: EIN update for sunbiz.org
Attachments: Scan001.PDF



Scan001.PDF
(164 KB)

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: Susan / David Jacquot : 407.894.6250

Ashley L. Malcolm
PAYCHEX
1001 Heathrow Park Ln Ste 2001
Lake Mary, FL 32746
Office: 407.333.1338 Ext.22521
Cell: 407.324.6671
Fax: 1.877.585.9499
amalcolm@paychex.com

Downloads:
Direct Deposit Form
Federal W-4 Form
Federal I-9 Form

-----Original Message-----

From: Malcolm, Ashley Louise
Sent: Friday, October 22, 2010 2:41 PM
To: Malcolm, Ashley Louise
Cc: Malcolm, Ashley Louise
Subject: Scan from a Xerox WorkCentre Pro

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre Pro.

Sent by: amalcolm [amalcolm@paychex.com]

Number of Images: 2
Attachment File Type: PDF

Device Name: 0039-022M

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