

L1 0000106926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

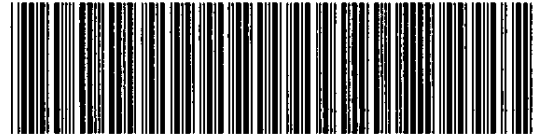
(Business Entity Name)

(Document Number)

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**Rivera, Maribel**

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**From:** Julie Walker [juliewalker.rdh@gmail.com]  
**Sent:** Monday, January 10, 2011 11:36 AM  
**To:** CorpAddressChange  
**Subject:** add EIN# to your website

I would like you to please add my EIN # on the Sunbiz website. My business info is below and the **EIN # to add is: 27-3653119**

Thank you,  
Julie L Walker, RDH  
Orofacial Myofunctional Therapy  
727-858-5533

Florida Limited Liability Company  
FLORIDA FACIAL CLINIC, LLC  
Filing Information

Document Number L10000106926  
FEI/EIN Number NONE  
Date Filed 10/13/2010  
State FL  
Status ACTIVE

Principal Address

5427 LAWRENCE LANE  
NEW PORT RICHEY FL 34652 US

Mailing Address

5427 LAWRENCE LANE  
NEW PORT RICHEY FL 34652 US

Registered Agent Name & Address

WALKER, JULIE L  
5427 LAWRENCE LANE  
NEW PORT RICHEY FL 34652 US

Manager/Member Detail

Name & Address

Title MGRM

WALKER, JULIE L  
5427 LAWRENCE LANE  
NEW PORT RICHEY FL 34652 US

Annual Reports

No Annual Reports Filed