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SECRETARY OF STATE
TALLAHASSEE FL 32399

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dental & Sedation Group, 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:

Joseph Edwards

Name of Person

Joseph Edwards, Esq., LLC

Firm/Company

201 E. Kennedy Blvd., Suite 950

Address

Tampa, FL. 33602

City/State and Zip Code

fendrich@dentalsedationgroup.com

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

For further information concerning this matter, please call:

Joseph Edwards

Name of Person

813 261-3890

at ()

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

FILED

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

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 12/28/12



Signature of a member or authorized representative of a member

Joseph Edwards

Typed or printed name of signee

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Filing Fee: \$25.00