

L10000120254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

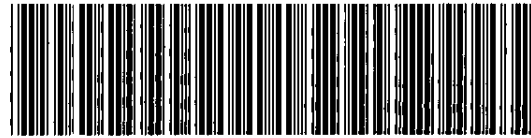
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800187266718

800187266718
12/01/10--01013--001 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 10 PM 2:58

T. HAMPTON

DEC 13 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREFERRED PRACTICES ASSOCIATES, LLC, TO BECOM
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:

DOUGLAS H. THOMPSON, JR.

Name of Person

PROFESSIONAL PRACTICES ASSOCIATES, LLC

Firm/Company

11801 Research Drive

Address

ALACHUA, FL 32615

City/State and Zip Code

www.cpamutual.com

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

For further information concerning this matter, please call:

Douglas H. Thompson, Jr.

Name of Person

at (386)

418-4121

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

PETER C.K. ENWALL, P. A.
Attorney at Law
MetroCorp Center
4110 NW 37th Place, Suite B
Gainesville, FL 32606

P. O. Box 357117
Gainesville, FL 32635-7117
Email: enwall@bellsouth.net
Website: www.peterenwall.com

Phone (352) 376-6163
Fax (352) 376-5238

December 9, 2010

Secretary of State Office
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Preferred Practices Associates, LLC
Document No. L10000120254
Letter No.: 510A00028030

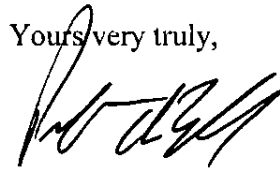
To whom it may concern:

In accordance with the above-referenced letter, enclosed please find an Affidavit executed by Douglas H. Thompson, Jr., as President and Director of Professional Practices Associates, LLC.

Would you please approve the Amendment requested in the Articles of Amendment, filed on behalf of Preferred Practices, LLC. A copy of your letter and the original Articles of Amendment are also submitted with this letter. You have previously credited our \$25.00 amendment fee.

Thank you for your assistance.

Yours very truly,



PETER C. K. ENWALL

PCKE/ab
enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 DEC 10 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 2, 2010

DOUGLAS H THOMPSON JR
11801 RESEARCH DR
ALACHUA, FL 32615

SUBJECT: PREFERRED PRACTICES ASSOCIATES, LLC
Ref. Number: L10000120254

We have received your document for PREFERRED PRACTICES ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is F13838 (PROFESSIONAL PRACTICE ASSOCIATES, INC).

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 510A00028030

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 10 PM 2:58

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ALACHUA

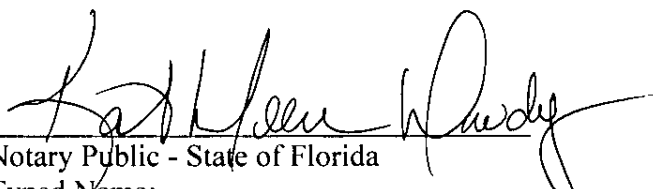
Before me, the undersigned authority, personally appeared DOUGLAS H. THOMPSON, JR., to me personally known, who, after being duly sworn, deposes and says that:

1. He is President and Director of Professional Practice Associates, Inc., a dissolved Florida corporation and is authorized to submit this affidavit and to act on behalf of the corporation.
2. Professional Practice Associates, Inc., does not intend to reinstate the dissolved corporation.
3. Your Affiant hereby releases the use of the name Professional Practice Associates for use by another entity, more particularly for use by Preferred Practices Associates, LLC, in amending its name to: Professional Practices Associates, LLC.

WHEREFORE, AFFIANT SAYETH FURTHER NAUGHT.


DOUGLAS H. THOMPSON, JR., Affiant

The foregoing instrument was acknowledged before me this 8th day of December, 2010, by DOUGLAS H. THOMPSON, JR., who is personally known to me or who has produced _____ as identification and who did take an oath.


Notary Public - State of Florida
Typed Name:
Commission Expires:
Commission Number:



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
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
10 DEC 10 PM 2:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated _____, _____.



Signature of a member or authorized representative of a member

DOUGLAS H. THOMPSON, JR.

Typed or printed name of signee