

L 11000/1338/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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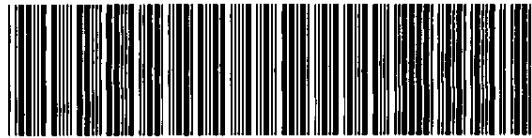
(Business Entity Name)

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TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 29 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JC BILLING, 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:

JEAN M MARKESE
Name of Person

JC BILLING, LLC
Firm/Company

2230 JACKSON STREET # 10W
Address

HOLLYWOOD, FLORIDA, 33020
City/State and Zip Code

JMARKESE@JCMEDICALBILLING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN M MARKESE at (**305**) **989 - 0938**
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)

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

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TALLAHASSEE, FLORIDA

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

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