

L1200045371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RACHEL CALDWELL DMD, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RACHEL CALDWELL

Name of Person

RACHEL CALDWELL DMD, LLC

Firm/Company

1203 GUERNSEY STREET

Address

ORLANDO, FL 32804

City/State and Zip Code

mcnultyrachel@yahoo.com

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

For further information concerning this matter, please call:

RACHEL CALDWELL at (407) 743-5919

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2012

RACHEL CALDWELL
1203 GUERNSEY STREET
ORLANDO, FL 32804

SUBJECT: RACHEL CALDWELL DMD, LLC
Ref. Number: L12000145371

We have received your document for RACHEL CALDWELL DMD, 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 specific purpose of the entity must be set forth in the document.

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) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 112A00028784

FILED
12 DEC 12 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
RACHEL CALDWELL DMD, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

NAME INCORRECT ON ORIGINAL FILING

CHANGE NAME TO READ:

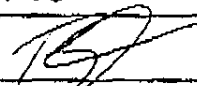
RACHEL CALDWELL DMD, PL

OR

Purpose: To Practice Dentistry

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: NOVEMBER 19 2012


Signature of a member or authorized representative of a member

RACHEL CALDWELL

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)