

L130000061244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

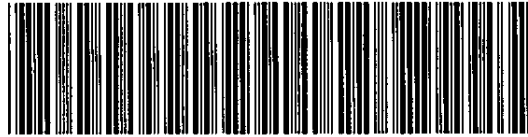
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 20 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABC SURGERY 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:

RAFAEL ANTUN

Name of Person

ABC SURGERY LLC

Firm/Company

7600 SW 57TH AV SUITE 129

Address

MIAMI, FL 33143

City/State and Zip Code

RAFAELANTUN.MD@GMAIL.COM

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

For further information concerning this matter, please call:

RAFAEL ANTUN

305 668-2853

at ()

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

ABC SURGERY LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	REYNALDO ALEMANY	9355 SW 93 PLACE	<input type="checkbox"/> Add
		MIAMI, FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Dated July 14th

2015

Signature of a member or authorized representative of a member

REYNALDO ALEMANY

Typed or printed name of signee