

L17000095547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

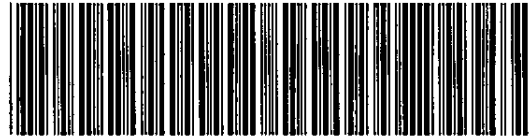
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 31 2014

11/28



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2014

michael norvell
624 so 14th st
leesburg, FL 34748

SUBJECT: MEDICAID PLANNING & RESOURCE CENTER LAW FIRM, LLC
Ref. Number: L13000099547

We have received your document for MEDICAID PLANNING & RESOURCE CENTER LAW FIRM, LLC and your check(s) totaling \$30.00. 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00022641

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAID PLANNING & RESOURCE CENTER LAW FIRM 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:

MICHAEL C. NORVELL

Name of Person

MEDICAID PLANNING & RESOURCE CENTER LAW FIRM

Firm/Company

624 SO. 14TH ST.

Address

LEESBURG, FL 34748

City/State and Zip Code

mprclawyer@aol.com

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

For further information concerning this matter, please call:

michael c. norvell

at (352) 348-2265

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

MEDICAID PLANNING & RESOURCES CENTER LAW FIRM LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	MICHAEL C. NORVILL, P.A.		<input checked="" type="checkbox"/> Add
		1410 EMERSON ST.	<input type="checkbox"/> Remove
		LEESBURG, FL 34748	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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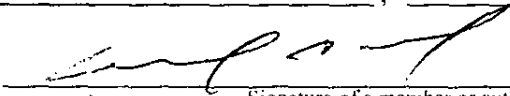
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MEMBERSHIP IS LIMITED TO LICENSED FLORIDA
ATTORNEYS ONLY OR FLORIDA LAW FIRMS

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 17, 2014



Signature of a member or authorized representative of a member

MICHAEL C. NORVELL

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA