

L13000171050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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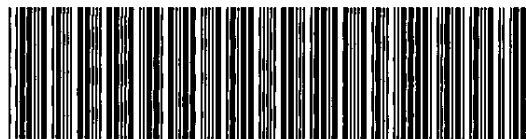
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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EXAMINER

DEC 26 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANDRA Shrader, M.P. Dermatology, 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:

David M. Presnick
Name of Person

David M. Presnick, P.A.
Firm/Company

916 Willard Street, Suite 202
Address

Cocoa, FL 32922
City/State and Zip Code

david@presnicklaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David M. Presnick at 321 639-3764
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:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2B062 (4/13)

→ Check already with Sec. of State

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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:
Sandra Shradel, M.D. Dermatology, 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:

Effective Date should be date filed with the
Department of State, not January 1, 2014

OR

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

Dated: December 23, 2013

David M. Resnick
Signature of a member or authorized representative of a member

DAVID M. RESNICK
Typed or printed name of signee

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