

L14000055247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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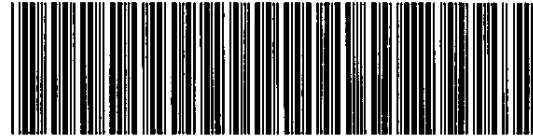
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

APR 11 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MyMD Now, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Jessica Williams

Name of Person

MyMD Now, LLC

Firm/Company

7200 W Commercial Blvd Ste. 206

Address

Lauderhill, FL 33319

City/State and Zip Code

ssilverstein72@me.com

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

For further information concerning this matter, please call:

Jessica Williams

Name of Person

at (877)

Area Code

525-1385

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

CR2E062 (12/13)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:

MyMD Now, LLC

SECOND: Document to be corrected is:

L14000055247

(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:

MGR name shows as Silverstein, Silverstein P

It needs to read Steven P Silverstein or

Silverstein, Steven P

OR

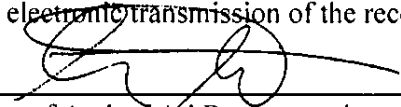


Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.


Signature of Authorized Representative

4/9/14
Date

CLERK OF STATE
TALLAHASSEE FLORIDA

2014 APR 10 PM 3:10

FILED

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