

L14000092297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

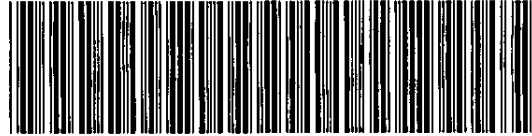
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 22 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DR. DE ARMAS RESEARCH CENTER, 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:

LUIS DE ARMAS, MD

Name of Person

DR. DE ARMAS RESEARCH CENTER, LLC

Firm/Company

11373 WEST FLAGLER STREET, SUITE 212

Address

MIAMI, FLORIDA 33174

City/State and Zip Code

rgonzalez@drdearmasresearch.com

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

For further information concerning this matter, please call:

REBECA GONZALEZ

305 503-2903

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

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CLERK
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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	NORA COSTA	10015 NW 46 Street Apt 201	<input checked="" type="checkbox"/> Add
		Doral, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2016 JUL 21 AM 11:04
STATE OF FLORIDA
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Luci de Amor

LUIS DE ARMAS, MD

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA