

L14 000 16 7038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

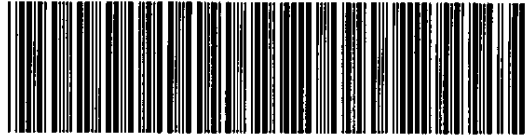
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500266577395

11/20/14--01004--016 **25.00

FILED
14 NOV 20 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 03 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dental Dynamic Education, 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:

Joyce Turcotte

Name of Person

Firm/Company

2010 Sharon St.

Address

Boca Raton, FL 33486

City/State and Zip Code

jturcotte@pls.org

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

For further information concerning this matter, please call:

Joyce Turcotte

203

261-2857

Name of Person

at ()

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

**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: Dental Dynamic Education, LLC

SECOND: The Florida Document number of the limited liability company is: L14000163038

THIRD: Document to be corrected is:
LLC title name change should be: Dynamic Dental Education, LLC

(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:

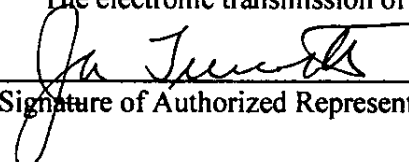
The name of the LLC is incorrect it should be changed to Dynamic Dental Education, LLC

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

11/17/14

Date

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

NOV 20 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED