

L14000185086

(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



300280867563

01/11/16--01045--001 \*\*30.00

FILED  
2016 JAN 11 P 12:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JAN 13 2016

S MASON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SENIORDENT TPA, 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:

TONY LAYNE

\_\_\_\_\_  
Name of Person

SENIOR DENTAL CARE

\_\_\_\_\_  
Firm/Company

PO BOX 367

\_\_\_\_\_  
Address

BLOUNTSTOWN, FL 32424

\_\_\_\_\_  
City/State and Zip Code

TONY@MYSENIORDENTALCARE.COM

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

For further information concerning this matter, please call:

TONY LAYNE

850 398-4510  
at (\_\_\_\_\_) \_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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>
CEO	LAYNE, TONY B	16119 STATE ROAD 71	<input type="checkbox"/> Add
		BLOUNTSTOWN, FL 32424	<input type="checkbox"/> Remove
		Change Title to "CEO"	<input checked="" type="checkbox"/> Change
COO	LAYNE, CASSI	16119 STATE ROAD 71	<input type="checkbox"/> Add
		BLOUNTSTOWN, FL 32424	<input type="checkbox"/> Remove
		Change Title to "COO"	<input checked="" type="checkbox"/> Change
MGR	CAMARDA, FRANK C. JR	9012 MAGNOLIA LN	<input type="checkbox"/> Add
		TINLEY PARK, IL 60487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAWICZ, KELLY A	433 N. CLINTON ST	<input type="checkbox"/> Add
		CHICAGO, IL 60654	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	ROSENBAUM, JOHN	16119 STATE ROAD 71	<input checked="" type="checkbox"/> Add
		BLOUNTSTOWN, FL 32424	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	FRIGON, SCOTT	16119 STATE ROAD 71	<input checked="" type="checkbox"/> Add
		BLOUNTSTOWN, FL 32424	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2016 JAN 14 PM 12:54  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

[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.

Dated JANUARY 7, 2016



Signature of a member or authorized representative of a member

TONY B LAYNE

Typed or printed name of signee

FILED  
2016 JAN 11 P 12:54  
CLERK OF STATE  
JANUARY 11 2016  
TALLAHASSEE FLORIDA