

L140001 90975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

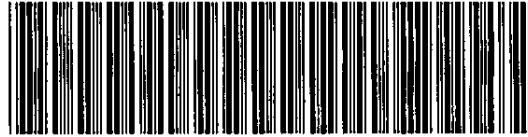
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J Shivers JAN 23 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTHEAST REGIONAL MEDICAL SUPPLY, 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:

MICHELLE GONZALES

Name of Person

Firm/Company

1710 SEMINOLE PALM DRIVE

Address

LAKE WORTH FL, 33463

City/State and Zip Code

DUMONT561@GMAIL.COM

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

For further information concerning this matter, please call:

JEANROBERT DUMONT

at **561** **2223852**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SOUTHEAST REGIONAL MEDICAL SUPPLY, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
CFO	RICHARD DUMONT	623 SEA PINE WAY	<input type="checkbox"/> Add
		GREENACRES FL, 33415	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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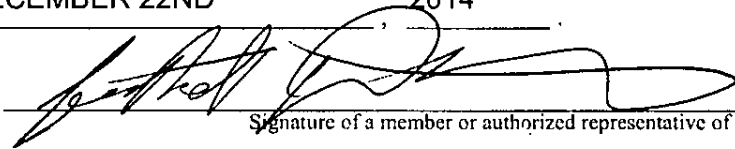
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EFFECTIVE DATE OF ORGANIZATION 01/01/2015

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 22ND 2014



Signature of a member or authorized representative of a member

JEANROBERT DUMONT

Typed or printed name of signee

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Filing Fee: \$25.00

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