## 45000036

(	Requestor's Name)				
	Address)				
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(Document Number)					
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MAR 0 6 2015 S. YOUNG



Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

February 18, 2015

Re: Harbor Dental Consulting, LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Belinda Colovin to file the enclosed Statement of Correction for Harbor Dental Consulting, LLC.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free) documents@directincorporation.com

Please return all documentation to:

Direct Incorporation 123 N. Ashley St, Ste. 123 Ann Arbor, MI 48104

Thank you,

Ed Stahlin Enitia Corporation

## **COVER LETTER**

TO: Registration Division of	Section Corporations			
Harbo	or Dental Consulting,	LLC		
30B0EC17		Name of Limited Liab	lity Company	_
Dear Sir or Madam:				
The enclosed Stateme	ent of Correction and fee(s)	are submitted for filing	<b>,</b>	
Please return all corre	espondence concerning this	matter to the following	;;	
EDWARD STAF	HLIN			
	Name of Person		•	
Direct Incorpora	ation			
	Firm/Company		•	
123 N. Ashley S	St. Ste. 123			
	Address		-	
Ann Arbor, MI 4	18104			
	City/State and Zip Code	,	-	
documents@dia	rectincorporation.com	1		
E-mail address	(to be used for future annu	al report notification)	-	平高 动
				哥哥四
For further informati	ion concerning this matter, p	please call:		35 B
Edward Stahlin		877	281-6496	
Na	me of Person	Area Code	Daytime Telephone Number	95. +
STREET/COURIE Registration Section Division of Corporal Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	) ) 기
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 (2/14)				

## 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. The name of the limited liability company is: Harbor Dental Consulting, LLC FIRST: The Florida Document number of the limited liability company is: L15000029366 **SECOND:** THIRD: Document to be corrected is: Electronic Articles of Organization For Limited Liability Company (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT V Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: 1. The name and Florida street address of the registered agent is BELINDA COLOVIN 4947 VAN DYKE RD.LUTZ, FL 33558 2. Registered Agent Signature: Belinda Colovin 3. The name and address of person(s) authorized to manage LLC: TITLE: AMBR BELINDA COLOVIN 4947 VAN DYKE RD.LUTZ, FL 33558 4. Signature of member or an authorized representative Electronic Signature: BELINDA COLOVIN <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 2-18-2015 Signature of Authorized Representative Date

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)