

L170000 27600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

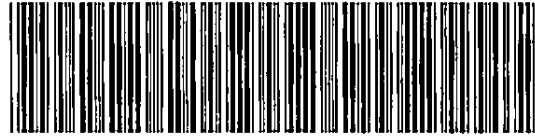
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/14/17--01030--021 **2.50

08/25/17--01028--027 **52.50

FILED
SEP 13 PM 2:40
TALLAHASSEE, FL 32301

SEP 14 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HJA Medical 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:

William B. Harvard, Jr.

Name of Person

HJA Medical LLC

Firm/Company

2714 MLK Jr. St. N.

Address

St. Petersburg FL 33704

City/State and Zip Code

b.harvard@harvardjolly.com

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

For further information concerning this matter, please call:

Candace Shepherd

727

896-4611

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2017

WILLIAM B HARVARD, JR
2714 DR MLK JR ST N
ST PETERSBURG, FL 33704

SUBJECT: HJA MEDICAL LLC
Ref. Number: L17000027600

We have received your document for HJA MEDICAL LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 517A00017701

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2017 SEP 13 PM 2:40
TALLAHASSEE, FL

2017 SEP 13 PM 2:36
TALLAHASSEE, FL

HJA Medical LLC

Page 1 of 3

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>
AMBR	Drazen Ahmedic	2714 Dr. MLK Jr. St. N.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33704	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2017 SEP 13 PM 2:10
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[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)

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

W. B. Hall

William B. Harvard, Jr.

Typed or printed name of signee

Filing Fee: \$25.00

23 SEP 13 PM 2:40