

L17000067297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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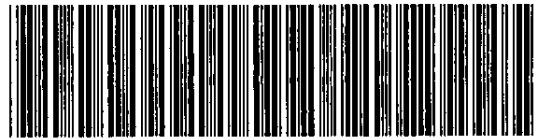
(Business Entity Name)

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S Warren

MAR 29 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DERMALUX 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:

NIR ROZENBERG

Name of Person

DERMALUX LLC

Firm/Company

6600 TAFT STREET, STE 304

Address

HOLLYWOOD, FLORIDA 33024

City/State and Zip Code

NROZENBERG1@GMAIL.COM

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

For further information concerning this matter, please call:

NIR ROZENBERG

954
at ()

646-3606

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

MGR = Manager
AMBR = Authorized Member

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Dated MONDAY MARCH 27, 2017

Typed or printed name of signee

Filing Fee: \$25.00

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