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(Address)

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TALLAHASSEE, FLORIDA

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11/14/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Preferred Medical Supply

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:

Doug Mox

Name of Person

Preferred Medical Supply

Firm/Company

10235 W. Sample Rd Suite 107

Address

Coral Springs FL 33065

City/State and Zip Code

doug@preferredmedicalsupply.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doug Mox

954 326-7696
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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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Dated 11/9, 2017

Signature of a member or authorized representative of a member

Douglas M. Mox
Typed or printed name of signee