

L17000254 198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

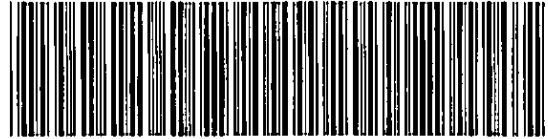
(Business Entity Name)

(Document Number)

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FILED  
JAN 2 2019  
18 JAN - 2 PM 3:06  
RECEIVED  
DIVISION OF CORPORATIONS

K. SALY  
JAN - 2 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **PRIME DENTISTRY, PLLC**  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MARIA ISTURIZ**

Name of Person

**BOOKKEEPING SERVICES.VE INC**

Firm/Company

**308 FREEDOM CT**

Address

**DEERFIELD BEACH**

City/State and Zip Code

**bookkeepingservices.ve@gmail.com**

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

For further information concerning this matter, please call:

**MARIA ISTURIZ** at **561** **3054101**  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

SECRET  
FLORIDA DEPARTMENT OF REVENUE  
18 JAN -2 PM 3:06

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: PRIME DENTISTRY, PLLC

**SECOND:** The Florida Document number of the limited liability company is: L17000254198

**THIRD:** Document to be corrected is: (MGR HUGUES JEAN) ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

(MGR) HUGUES JEAN (ARTICLE V) Name  
4515 WILES RD (ARTICLE IV) Address  
COCONUT CREEK FL 33073

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

☒ The electronic transmission of the record was defective.

HUGUES JEAN

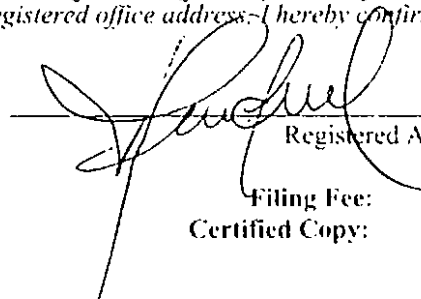
Signature of Authorized Representative

12.22.17  
Date

Signature of new registered agent, if applicable ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)