

LIB 0000 86592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

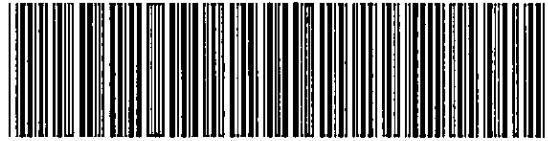
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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04/06/20--01033--023 *\$52.50

2020 MAY -7 PM 2:25

04/06/20

MAY 12 2020



2020-04-17 11:09:56

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2020

MONA HERI
2201 4TH ST N
STE A
ST PETERSBURG, FL 33704

SUBJECT: VIP EYE CARE & OPTICAL BOUTIQUE AT CARILLON LLC
Ref. Number: L18000086592

We have received your document for VIP EYE CARE & OPTICAL BOUTIQUE AT CARILLON 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 FLORIDA LP, but your entity is a FLORIDA 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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 020A00008145

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIP EYE CARE & OPTICAL BOUTIQUE AT CARILLON, 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:

DR. MONA HENRI
Name of Person

V.I.P. EYE CARE & OPTICAL BOUTIQUE AT CARILLON, LLC.
Firm/Company

2201 4th STREET NORTH SUITE A
Address

ST. PETERSBURG FL 33704
City/State and Zip Code

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

For further information concerning this matter, please call:

DR. MONA HENRI at (727) 894-0500
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 MAY -7 PM 2:25
PRICION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

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

2020 MAY -7 PM 2:25

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ROTHBERG, KAITLYN</u>	<u>12425 28th ST. N., Suite 103</u>	<input checked="" type="checkbox"/> Add
		<u>ST. PETERSBURG, FL 33716</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>HENRI, MONA</u>	<u>12425 28th ST N, Suite 103</u>	<input type="checkbox"/> Add
		<u>ST. PETERSBURG, FL 33716</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>OWNER</u>	<u>HENRI, MONA</u>	<u>12425 28th ST. N., Suite 103</u>	<input type="checkbox"/> Add
		<u>ST. PETERSBURG, FL 33716</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Effective date, if other than the date of filing: 01/03/2017 (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____

MONA A. HENRI, O.D.
Typed or printed name of signer