

L180000132688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

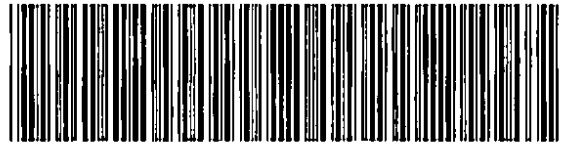
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100389873911

07/24/12 14:01:00 LSC 0.00.00

FILED
2022 JUN 24 PM 12:19
ST. LOUIS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROACTIVE DENTAL 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:

GOVINDARAJU RUDRAPATNA

Name of Person

RELIANCE CONSULTING,LLC

Firm/Company

13940 N.DALE MABRY HWY

Address

TAMPA, FL-33618

City/State and Zip Code

RAJU@RELIANCECPA.COM

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

For further information concerning this matter, please call:

GOVINDARAJU RUDRAPATNA

813 931-7258

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 Address:

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

FILED

TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DARPAN K PATEL	13453 CANOPY CREEK DR	<input type="checkbox"/> Add
		TAMPA, FL-33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 JUN 24 PM 12:19
SECURITY
TALLAHASSEE, FL

7777


2022 JUN 24 PM 12:19

DELAWARE STREET

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 22, 2022

X 
Signature of _____

Signature of a member or authorized representative of a member

X MAITRY PATEL

Typed or printed name of signee