

L18000150314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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18 OCT -1 AM 7:32

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FALL ARIZONA
COUNTY

OCT 08 2018

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN DENTAL ASSOCIATES 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:

RUBEN D. TORO

Name of Person

RUBEN TORO P.A.

Firm/Company

7901 KINGSPONTE PKWY STE. 31

Address

ORLANDO FL 32819

City/State and Zip Code

accounting@rubentorocpa.com

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

For further information concerning this matter, please call:

Ruben D. Toro

407 370-6445

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>
AMBR	EDEGAR A. PINTO	610 CAMDEN RD.	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BENEDITO M. PINTO	610 CAMDEN RD.	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GILBERTO FERNANDES MAGALHAES JR.	2737 MONTICELLO WAY	<input type="checkbox"/> Add
		KISSIMMEE FL 34741	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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.

EA

Edegar A. Pinto

Filing Fee: \$25.00