

L18000163373

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2021

LAURA F CRUZ NARANJO  
922 EAST 25 ST.  
HIALEAH, FL 33013

SUBJECT: SOUTH FLORIDA DENTAL CARE LLC  
Ref. Number: L18000163373

We have received your document for SOUTH FLORIDA DENTAL CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 021A00016275



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2021 AUG -3 PM 12:20

July 15, 2021

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922 EAST 25 ST.  
HIALEAH, FL 33013

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Alecia Rivers  
Regulatory Specialist II

Letter Number: 021A00016275

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTH FLORIDA DENTAL CARE 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:

LAURA F CRUZ NARANJO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

922 EAST 25 ST

\_\_\_\_\_  
Address

HAIALEAH, FL 33013

\_\_\_\_\_  
City/State and Zip Code

dentalcaresouthflorida@gmail.com

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

For further information concerning this matter, please call:

LAURA F CRUZ NARANJO

954 682-0345  
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

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>
MGR	WENDY E SWANSON	922 EAST 25 ST	<input type="checkbox"/> Add
		HALEAH, FL 33013	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LAURA F CRUZ NARANJO	922 EAST 25 ST	<input type="checkbox"/> Add
		HALEAH, FL 33013	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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