

L18000163373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

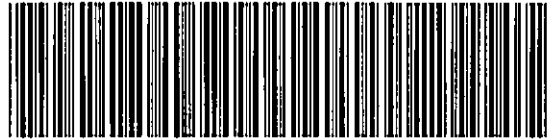
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2017 JUN 17 10:00 AM

2017 JUN 17 10:00 AM



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



RECEIVED

2021 AUG -3 PM 12:20

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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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

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