

L19000 146518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

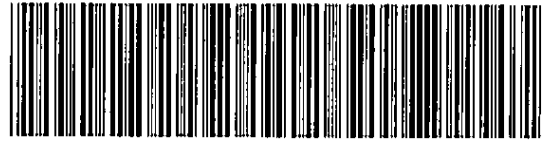
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2019 JUL 11 PM 1:55
STATE
TALLAHASSEE, FL

N/C

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KENNETH LOUNDERS DDS. 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:

LACY RUSSELL

Name of Person

KENNETH LOUNDERS DMD LLC

Firm/Company

2054 ALTA MEADOWS LANE #2402

Address

DELRAY BEACH FL 33444

City/State and Zip Code

LACYRUSSELL@APPLEMOBILEDENTAL.COM

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

For further information concerning this matter, please call:

LACY RUSSELL

217 8408177
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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

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MGR = Manager
AMBR = Authorized Member

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E. Effective date, if other than the date of filing: _____ (optional)

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 July 8, 2019

Lacy Russell
Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Typed or printed name of signee