

L20 000234805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

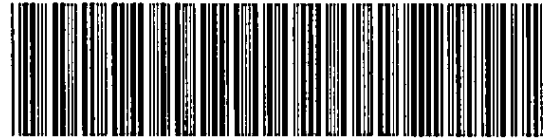
(Business Entity Name)

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Statement of correction - MC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spirit Med MD, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanessa Grullon

Name of Person

Firm/Company

8775 20th Street Lot 701

Address

Vero Beach, FL 32966

City/State and Zip Code

vgrullon@aol.com

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

For further information concerning this matter, please call:

Vanessa Grullon

9173620507

at ()

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

