

L20000380152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

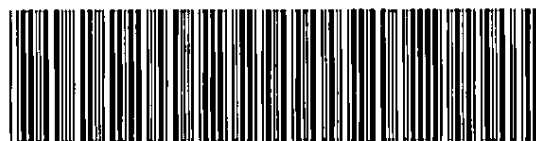
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/11/21--01001--010 **25.00

2021 JAN 11 AM 9:45

O SIMMONS
JAN 12 2021

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BRICKELL DENTAL PLLC

Signature _____

Requested by:

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRICKELL DENTAL PLLC
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:

JASON REED STRUBLE, ESQ.

Name of Person

GALVAN MESSICK, PLLC

Firm/Company

951 Yamato Road, Suite 250

Address

Boca Raton, FL 33431

City/State and Zip Code

JSTRUBLE@GALVANMESSICK.COM

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

For further information concerning this matter, please call:

JASON REED STRUBLE, ESQ.

at (561)

994-5956

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

LED

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STATIONER & PRINTER

DAVID R. CASE
DAVISON, FL

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

FILED

2021 JAN 11 AM 9:45

DATE: 10/10/74
TIME: 10:00 AM
BY: J. L. R. / J. L. R.

<u>Title</u>	<u>Name</u>	<u>Address</u>
N/A	N/A	N/A

☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets if necessary.)*

N/A

2021 JAN 11 AM 9:45

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FL

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

(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)

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.

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.

Dated JANUARY 11, 2021



Signature of a member or authorized representative of a member

JASON REED STRUBLE, ESQ.

Typed or printed name of signee