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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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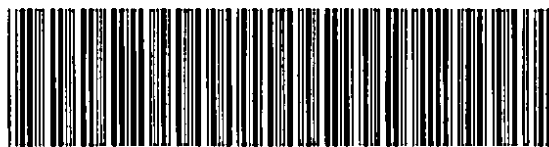
(Business Entity Name)

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JEFFREY W. ANDERSON DMD 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:

JEFFREY W. ANDERSON  
Name of Person

JEFFREY W. ANDERSON DMD PLLC  
Firm/Company

218 WHISPERING PALMS LN.  
Address

BRADENTON FL 34212  
City/State and Zip Code

dr.janderson15@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY W. ANDERSON at (203) 249-1102  
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

JEFFREY W. ANDERSON DMD, PLLC

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

**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 2/8 2021  
Jeffrey W. Anderson, DMD  
 Signature of a member or authorized representative of a member  
JEFFREY W. ANDERSON DMD  
 Typed or printed name of signee

**Filing Fee: \$25.00**