

L21000158432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

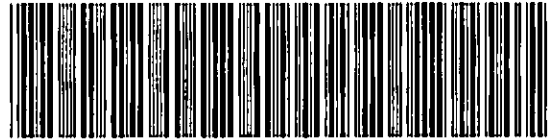
(Business Entity Name)

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2021 APR 26 PM 4:52
U.S. DEPT. OF JUSTICE

US
6/17/21

• **COVER LETTER**

**TO: Registration Section
Division of Corporations**

SUBJECT: Coastal Primary Medical 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 Jones
Name of Person

Coastal Primary Medical Care
Firm/Company

340 Tamiami Trail N. Ste 162
Address

Naples FL 34102
City/State and Zip Code

L.Jones@Coastalmedicalcare.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Laura Jones at (614) 738-2141
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

FILED
2021 APR 26 PM 4:02
FBI - TAMPA

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2021 APR 26 PM 4:52
CLERK OF DISTRICT COURT
JULIA A. HARRIS

(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)

Dated _____, _____.

Laura Jones
representative of a member

Signature of a member or authorized representative of a member

Laura Jones

Typed or printed name of signee

Filing Fee: \$25.00