

L22 000 280727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

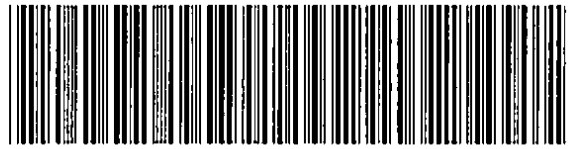
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TO: Registration Section
Division of Corporations

SOUTHEASTERN PHARMACY LLC

SUBJECT: _____
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:

Karin Lucas

Name of Person

Southeastern Pharmacy LLC

Firm/Company

7340 Oakmont Ct

Address

Ponte Vedra Beach, FL . 32082

City/State and Zip Code

kelfers35@gmail.com

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

For further information concerning this matter, please call:

Karin Lucas

904

718-5631

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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Southeastern Pharmacy LLC

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	JOHN CARVER	2501 CEDAR TRACE DR. WEST	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32246, USA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KARIN E. LUCAS	7340 OAKMONT CT	<input type="checkbox"/> Add
		PONTE VEDRA BEACH, FL 32082, USA	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

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 9/22, 2022

Karl Lucan
Signature of a member or an authorized representative of the contractor

Signature of a member or authorized representative of a member

KARIN E. LUCAS

Typed or printed name of signee

Filing Fee: \$25.00