

L22000513091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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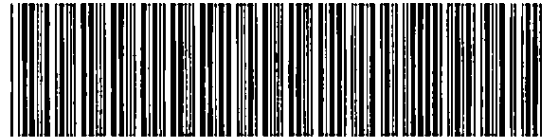
(Business Entity Name)

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FILED
2023 JAN 17 PM 20
STATE OF TEXAS
FACILITY: DALLAS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Albert Lucas Jr., 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:

Albert Lucas Jr.

Name of Person

Albert Lucas Jr., DMD, PLLC

Firm/Company

11141 SW 64th Ave

Address

Miami, FL 33156

City/State and Zip Code

alucas92@gmail.com

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

For further information concerning this matter, please call:

Albert Lucas Jr.

305 321-2899
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

Albert Lucas Jr., DMD, PLLC

If Changing Registered Agent, Signature of New Registered Agent

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00