

H230002061773

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LIESER SKAFF ALEXANDER, PLLC
Account Number : I20150000057
Phone : (813)280-1256
Fax Number : (813)251-8715

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jmittchellldental@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

J MITCHELL DENTAL, D.M.D., P.L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

S. ROBERTS

06/08/2023
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J MITCHELL DENTAL, D.M.D., P.L.L.C.

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:

GHADA SKAFF

Name of Person

LIESER SKAFF ALEXANDER

Firm/Company

403 N HOWARD AVE

Address

TAMPA, FL 33606

City/State and Zip Code

jmitchelldental@gmail.com

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

For further information concerning this matter, please call:

GHADA SKAFF

813

280-1256

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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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

The purpose of the Company shall be to engage and carry on all branches of the practice of general dentistry
within the state of Florida, and to do all things that are necessary or proper in connection with that practice.

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 May 6, 2023

DocuSigned by:

Justin Mitchell

903808E80F6D405

Signature of a member or authorized representative of a member

JUSTIN MITCHELL

Typed or printed name of signee