

L23000181374

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(Business Entity Name)

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TALLAHASSEE FL

S. FRANKLIN
JUN 19 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Anesthetics MD LLC (name change needed)

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:

Ritu Shah

Name of Person

Anesthetics Plus MD LLC

Firm/Company

9729 Jasmine Brook Cir

Address

Land O Lakes, FL 34638

City/State and Zip Code

ritushah731@gmail.com

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

For further information concerning this matter, please call:

Ritu Shah

609 217 2363
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 &
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(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

COVER LETTER

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Street Address:

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Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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 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]

RITU SHAH

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2023

RITU SHAH
9729 JASMINE BROOK CIR
LAND O LAKES, FL 34638 US

SUBJECT: ANESTHETICSPLUS MD, LLC
Ref. Number: L23000181374

We have received your document for ANESTHETICSPLUS MD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment application was submitted without no change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 623A00012774

RECEIVED
JUN 16 2023