

L241000188006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

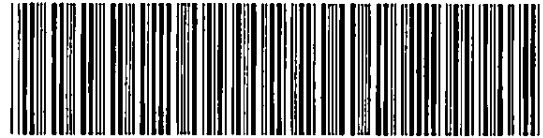
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

NOV 22, PM 4:08

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Innovation Ambulatory Surgery Center 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:

Mahmudul Haque

Name of Person

Innovation Ambulatory Surgical Center LLC

Firm/Company

3126 Highlands Lakeview Circle

Address

Lakeland , Florida 33812

City/State and Zip Code

mhaq1@hotmail.com

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

For further information concerning this matter, please call:

Mahmudul Haque

863 2551865

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

2024 NOV 22 PM 4:08
OFFICE OF STATE
CORPORATIONS
TALLAHASSEE, FL

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RECEIVED
JUN 22 PM 4:08
U.S. DEPT. OF JUSTICE
Registered Agent

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>
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24 NOV 22 PM 4:08
HALL COUNTY, FL
STATE

FILED

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

MAHMUDUL HAQUB

Typed or printed name of signee

2024 NOV 22 PM 4:08
STATE
TALLAHASSEE, FL

100

Filing Fee: \$25.00