

L98000003377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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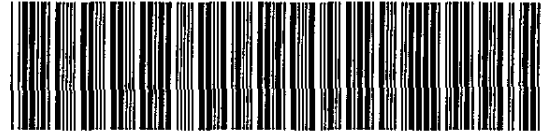
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 5, 2004

RICK MARS
2797 NE 207 STREET, SUITE 100
AVENTURA, FL 33180

SUBJECT: GLICKSMAN, MARS & GRAND DENTAL, L.C.
Ref. Number: L98000003377

APR 13 2004

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We have received your document for GLICKSMAN, MARS & GRAND DENTAL, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 604A00022092

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Glicksman, Mars & Grand Dental, L.C.
(Name of corporation)

DOCUMENT NUMBER: L98000003377

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rick A Mars
(Name of person)

Glicksman Mars & Grand Dental, L.C.
(Name of firm/company)

2797 NE 207 Street Suite 100
(Address)

Aventura, FL 33186
(City/state and zip code)

For further information concerning this matter, please call:

Barbara Lorenz at (305) 935 2797
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: GLICKSMAN, MARS & GRAND DENTAL, LC

2. The mailing address of the limited liability company is: _____

2797 NE 207 ST., #100, AVENTURA, FL 33180

3. Date of filing/registration in Florida _____

4. Document number L98000003377

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

B & C Corporate Services, Inc.

Name

201 South Biscayne Boulevard, Suite 3000

Address

Miami, Florida 33131

City, State and Zip

6. The name and address of the new registered agent and/or office: → RICK MARS, D.D.S.

c/o Glicksman Mars & Grand Dental, LC

Name

2797 NE 207 Street #100

Florida street address (P.O. Box NOT acceptable)

Aventura FL 33180

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Rick Mars D.D.S. Pres
(Signature of a member or authorized representative of a member)

RICK MARS, D.D.S., PRES
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Rick Mars, D.D.S., Pres
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314