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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

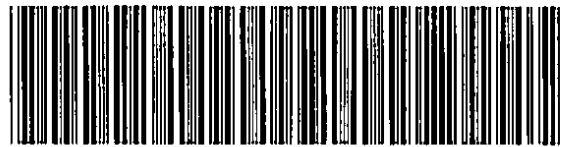
(Business Entity Name)

(Document Number)

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07/19/21--01041--001 **25.00

11/18/21--01008--011 **10.00

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2021 NOV 18 PM 2:29
CLERK OF STATE
TALLAHASSEE, FL

Y SULKER

DEC 02 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

20211015 PM 1:40

October 14, 2021

SAND LAKE IMAGING, LLLP
5775 WAYZATA BLVD SUITE 400
ST. LOUIS PARK, MN 55416

SUBJECT: SAND LAKE IMAGING, LLLP
Ref. Number: A03000001211

We have received your document for SAND LAKE IMAGING, LLLP and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 421A00018585

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sand Lake Imaging, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A03000001211

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

Please return all correspondence concerning this matter to:

Amy Hodges

Contact Person

RAYUS Radiology

Firm/Company

5775 Wayzata Blvd., Suite 400

Address

St. Louis Park, MN 55416

City, State and Zip Code

amy.hodges@RAYUSradiology.com

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

For further information concerning this matter, please call:

Amy Hodges

Name of Contact Person

at (952) 738.4643

Area Code and Daytime Telephone Number

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

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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Sand Lake Imaging, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/22/2003 3. A03000001211
Date of filing/registration in Florida Florida document number

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

Berman, Jed
Name
180 S. Knowles Ave., Suite 7
Address
Winter Park, FL 32789
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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TALLAHASSEE, FL
CLERK OF STATE

6. Such change(s) is/are effective when filed by the Florida Department of State.

Dr. Bravo
Signature of General Partner

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.

Charlene Sati Charlene Sati, Assistant Secretary
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50