

LD10000016423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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D. BRUCE

JUL 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2010

ANTONIO GISBERT  
240 CRANDON BLVD. SUITE 260  
KEY BISCAYNE, FL 33149

SUBJECT: ORTEC, LTD. CO.  
Ref. Number: L01000016423

We have received your document for ORTEC, LTD. CO. and your check totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 710A00016963

FILED  
10 JUL 19 AM 8:12  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORTEC LTD. CO.  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

ANTONIO GISEBERT

Name of Person

ORTEC LTD. CO.

Firm/Company

240 CRANDON BLVD. STE 260

Address

KEY DISCANE FL 33149

City/State and Zip Code

ORTEC 2 @ GMAIL.COM

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

For further information concerning this matter, please call:

ANTONIO GISEBERT

Name of Person

at ( 305 ) 520-9521

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
10 JUL 19 AM 8:12  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: DRTEL LTD CO

2. (a) Principal office address of limited liability company: 200 CRANDON BLVD STE 314



(Note: **MUST BE STREET ADDRESS**)

KEY BISLAWNE FL 33149

(b) Mailing address of limited liability company: SAME



(Note: **MAY BE POST OFFICE BOX**)

09/21/2001

LO1000016423

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

ANTONIO GIBERT

Registered Office Address:

200 CRANDON BLVD STE 314

KEY BISLAWNE FL 33149

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:**

SAME

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

240 CRANDON BLVD STE 200

KEY BISLAWNE FL 33149

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.

Signature of a member or authorized representative of a member

ANTONIO GIBERT

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.

Signature of Registered Agent

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

FILING FEE: \$25.00