

LO1000020389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

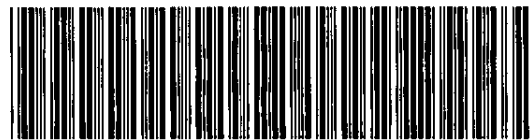
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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14 OCT 29 PM 12:02

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Lc
R/A Chg

NOV 04 2014

R. WHITE



*our
mistake*

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2014

G. BARRY WILKINSON
P.O. BOX 8102
MADEIRA BEACH, FL 33738-8102

SUBJECT: ONGOING CARE SOLUTIONS COSTA RICA, L.L.C.
Ref. Number: L01000020389

We have received your document for ONGOING CARE SOLUTIONS COSTA RICA, L.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):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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.

Rebekah White
Regulatory Specialist II

Letter Number: 914A00021863

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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONGOING CARE SOLUTIONS COSTA RICA, L.L.C.
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:

G. BARRY WILKINSON
Name of Person

G. BARRY WILKINSON, P.A.
Firm/Company

8283 27th AVENUE NORTH
Address

ST. PETERSBURG, FL 33710
City/State and Zip Code

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

For further information concerning this matter, please call:

G. BARRY WILKINSON at (727) 823-1514
Name of Person 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

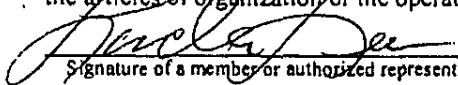
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: ONGOING CARE SOLUTIONS COSTA RICA, L.L.C.
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
6551 - 43rd STREET NORTH, UNIT 1403
PINELLAS PARK, FL 33781
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
6551 - 43rd STREET NORTH, UNIT 1403
PINELLAS PARK, FL 33781
3. 10/07/2005 Date of filing/registration in Florida
4. L01000020389 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
WILKINSON, G. BARRY
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
696 FIRST AVENUE NORTH, SUITE 201
ST. PETERSBURG, FL 33701
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
WILKINSON, G. BARRY
NEW Registered Office Address:
8283 27th AVENUE NORTH
ST. PETERSBURG, FL 33710

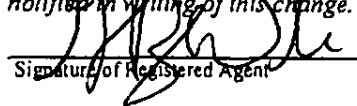
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TALLAHASSEE, FLORIDA

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

LINDA LEE, MANAGER
Printed or typed name of signer

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 605, 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