

L020000005035

(Requestor's Name)

(Address)

(Address)

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04/30/12--01012--009 **35.00

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FILED
12 JUN -5 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN -6 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2012

MARIA BASTO / PLANTATION MEDICAL PLAZA LLC
201 NW 70 AVE.
PLANTATION, FL 33317

SUBJECT: PLANTATION MEDICAL PLAZA, L.L.C.
Ref. Number: L02000005035

We have received your document for PLANTATION MEDICAL PLAZA, 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):

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

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00014088

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plantation Medical Plaza, LLC
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:

Maria Basto

Name of Person

Plantation Medical Plaza, LLC

Firm/Company

201 NW 70th Avenue

Address

Plantation, FL 33317

City/State and Zip Code

Mcbasto@aol.com

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

For further information concerning this matter, please call:

Maria Basto

Name of Person

at (954)

241-0415

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 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: Plantation Medical Plaza, LLC

2. (a) Principal office address of limited liability company: Plantation Medical Plaza, LLC

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

201 N.W. 70th Avenue
Plantation, FL 33317

(b) Mailing address of limited liability company:

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

3-1-2002

3. Date of filing/registration in Florida

L02000005035

4. Document number

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

Registered Agent:

Penny R. Shaw, P.A.

Registered Office Address:

4780 Davie Road

Suite #101

Davie, FL 33314

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

NEW Registered Agent:

Patricia L. Murray, Esq.

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

Restani, Dittmar & Hauser, P.A.

201 Alhambra Cir., Suntrust Bldg - #1050
Coral Gables, FL 33134

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

Marla Basto

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