## 202000029810

| (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: |
|   |
| 189, 611, 671 938t                      |



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07/30/03--01048--008 \*\*25.00

D3 SEP -2 AM 8: 21



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 5, 2003

TRIMED,LLC 3750 EMERGENCY LANE STE. 2 SEBRING, FL 33870

SUBJECT: TRIMED LLC Ref. Number: L02000029810 03 SEP -2 AM 8:21

We have received your document for TRIMED LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6097.

Letter Number: 303A00044818

Marsha Thomas Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## 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.

| agent, or both, in the Sta   | · ·  |  |  |  |  |
|--|--|--|--|--|--|
| 1. The name of the limit   | ed liability comp  | pany is: Trim  | ed, LLC  |  |  |
| 2. The mailing address of  |  |  |  | ncy Lane Suite 2   |  |
| Sebring, FL 33870  |  |  |  |  |  |
| 01/06/2003   | •  |  | L02000029  | 810  |  |
| 3. Date of filing/registra   | tion in Florida  | - <del></del>  | 4. Document  | number   |  |
| 5. The name of the regist Florida Department of  |  | he registered o  | ffice address as show  | vn on the records of the   |  |
|  |  | Service Com  | pany   | <u> </u>   |  |
|  | 1201 Hays S  |  |  | 03<br>03   |  |
| ·  | Tallahassee  | Addres<br>, FL 32301<br>City, State a  |  | 03 SEP -2  |  |
| 6. The name and address  | of the new regis   | stered agent an  | d/or office:   |  |  |
|  | Dr. Richard  | Turk   |  |  |  |
|  | 6388 Silver S  | Name<br>Star Road Ste  | 2-G  | H 8: 21  |  |
|  | Florida street address (P.O. Box NOT acceptable)   |  |  |  |  |
|  | Orlando  | FL 3   | 32818  |  |  |
| • •  |  | City, State and  | d Zip  | <del></del>  |  |
| and the business office of<br>liability company, it is he<br>the members of the limite<br>the operating agreement  | change or change<br>of the registered a<br>creby confirmed<br>ed liability comp<br>of the limited lia  | es are made, the ide that the change oany or as other billity company                        | e Florida street addre<br>entical. Or, in the ca<br>e(s) was/were author   | ess of the registered office   |  |
| (Signature of a member or autho  | rized representative o   | f a member)  | <del></del>  |  |  |
| Dr. Richard Turk   |  |  |  |  |  |
| (Printed or typed name of signee   |  | <del></del>  | <del></del>  |  |  |
| I hereby accept the appo<br>comply with the provision<br>and I am familiar with an<br>Chapter 608, F.S. Or, if<br>address, I hereby confirm<br>(Signature of Registered Agent) | vintment as regis<br>ns of all statutes<br>nd accept the ob-<br>this document is<br>n that the limited | tered agent an<br>relative to the<br>ligations of my<br>s being filed to<br>I liability comp | d agree to act in this<br>proper and complet<br>position as register<br>merely reflect a cha<br>any has been notifie | s capacity. I further agree to<br>be performance of my duties,<br>ed agent as provided for in<br>nge in the registered office<br>ad in writing of this change. |  |
| (a. d  |  |  | (00 m 20 H 1   | W. 00011   |  |

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

INHS18(10/99)

FILING FEE: \$25.00