

L02 0000 30686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

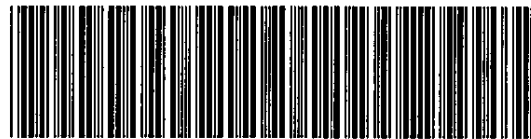
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2014

LEE BURG
BECKER & POLIAKOFF
1 EAST BROWARD BLVD, SUITE 1800
FT. LAUDERDALE, FL 33301

SUBJECT: DB SURGICAL, LLC
Ref. Number: L02000030686

We have received your document for DB SURGICAL, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 714A00005948

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DB Surgical, 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:

Lee Burg

Name of Person

Becker & Poliakoff

Firm/Company

1 East Broward Blvd, Suite 1800

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

lbarg@bplegal.com

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

For further information concerning this matter, please call:

Lee Burg

Name of Person

at (954) 987-7550

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

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

Pursuant to the provisions of sections 605.0114, 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: DB Surgical, LLC
2. (a) Principal office address of limited liability company: 12480 W. Atlantic Blvd.
(Note: MUST BE STREET ADDRESS) Suite 1
Coral Springs, FL 33071
- (b) Mailing address of limited liability company: same as above
(Note: MAY BE POST OFFICE BOX)

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:

Burg, Lee

Registered Office Address:

3111 Stirling Road
Ft. Lauderdale, FL 33312

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

NEW Registered Agent:

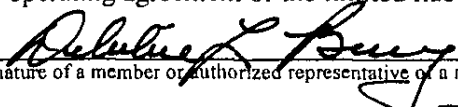
Becker & Pollakoff, P.A. c/o Lee Burg

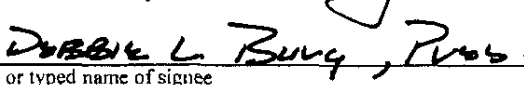
NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1 East Broward Blvd.
Suite 1800
Ft. Lauderdale, FL 33312

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

 DOBBIE L. BURG, Pres.
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

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

FILING FEE: \$25.00