

L02000032048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

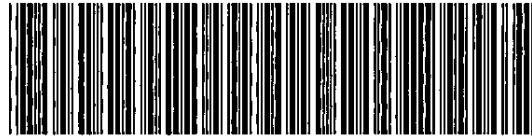
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 20 AM 10:21

BRYAN JUN 11 2007

GENAUER & ASSOCIATES, P.A.
ATTORNEYS AT LAW

9400 South Dadeland Boulevard
Suite 600
Miami, Florida 33156
Telephone: (786)363-4001
Facsimile: (305)670-6152

Martin J. Genauer
mjb@genauerlaw.com

Brad K. Saunders
bks@genauerlaw.com

June 7, 2007

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
2661 Executive Center Circle West
Tallahassee, Florida 32301

Re: Drugcloud, LLC
L02000032048

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07 JUN 20 AM 10:21

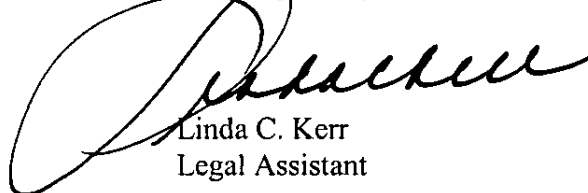
Ladies and Gentlemen:

On behalf of the above-named company, enclosed is a Statement of Change of Registered Office or Registered Agent or Both For Corporations and a check in the amount of \$35.00, representing the requisite filing fee for same.

Please confirm this change at your earliest convenience and provide the undersigned with a stamped copy of the filing in the prepaid envelope provided for your ease of return.

Thank you for your attention to this matter.

Sincerely,



Linda C. Kerr
Legal Assistant

:lk

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Drugcloud, 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:

Linda C. Kerr
(Name of Person)

Genauer & Associates, P.A.
(Firm/Company)

9400 South Dadeland Blvd., Suite 600
(Address)

Miami, FL 33156
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
07 JUN 20 AM 10:21

For further information concerning this matter, please call:

Linda C. Kerr at (786) 363-4001
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2007

LINDA C. KERR, LEGAL ASSISTANT
GENAUER & ASSOCIATES, P.A.
9400 SOUTH DADELAND BOULEVARD, SUITE 600
MIAMI, FL 33156

SUBJECT: DRUGCLOUD, LLC
Ref. Number: L02000032048

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 JUN 20 AM 10:21

We have received your document for DRUGCLOUD, 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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 807A00039302

GENAUER & ASSOCIATES, P.A.
ATTORNEYS AT LAW

9400 South Dadeland Boulevard
Suite 600
Miami, Florida 33156
Telephone: (786)363-4001
Facsimile: (305)670-6152

Martin J. Genauer
mjg@genauerlaw.com

Brad K. Saunders
bks@genauerlaw.com

June 13, 2007

Florida Department of State
Division of Corporations
2661 Executive Center Circle West
Tallahassee, Florida 32301

Re: Drugcloud, LLC
L02000032048

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 20 AM 10:21

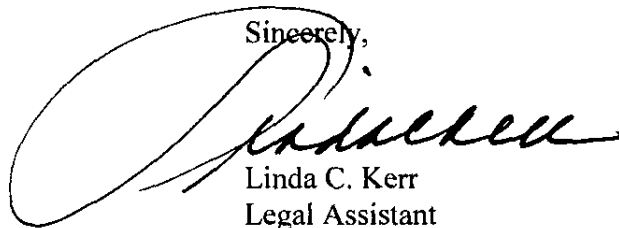
Ladies and Gentlemen:

Returned herewith is fully executed Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company and your letter of June 11, 2007 regarding the same.

Please confirm this change at your earliest convenience and provide the undersigned with a stamped copy of the filing in the prepaid envelope provided for your ease of return.

Thank you for your attention to this matter.

Sincerely,



Linda C. Kerr
Legal Assistant

:lk

Enclosure

**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. The name of the limited liability company is: Drugcloud, LLC
2. The mailing address of the limited liability company is : 7105 SW 47 Street, Suite 405,
Miami, FL 33155

November 27, 2002

L02000032048

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Alhambra Registered Agent, Inc.

Name

2 Alhambra Plaza, Suite 1202

Address

Coral Gables, FL 33134

City, State and Zip

6. The name and address of the new registered agent and/or office:

GenLaw Register Agents, Inc.

Name

9400 South Dadeland Blvd., Ste. 600

Florida street address (P.O. Box NOT acceptable)

Miami FL 33156

City, State and Zip

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)

Jose Trespalacios

(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 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

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07 JUN 20 AM 10:21