02000035074

(Re	equestor's Name)	.
(Ac	ddress)	
(Ac	ddress)	
(0)		
(Cı	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		$0 \vee$
		118
	Office Use Only	



600111428116

11/02/07--01033--003 **25.00

SECRETARY OF STATE
VALLAHASSEE. FLORIDA

1011 - 2 AH 10

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Merima, LLC (Name of Limited Liability Company)
(Name of Emmed Endontry 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:
Hetal Patel
(Name of Person)
Merimo, LLC
(Firm/Company)
1975 E. Sunrise Blud. Suite 750
(Address)
Ft. Lauderdale, FL 33304
(City/State and Zip Code)
For further information concerning this matter, please call:
Hetal Patel at (954) 772-8860
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\text{Certified Copy}\$
INHS18 (8/05)

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: Merima, LLC.
2. The mailing address of the limited liability company is: 1975 E. Surrise Blud. Surk. 75
Ft. Lauderdale, FL 33304
12/30/2002 L0200035074
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:
Name 1975 E. Sunrise Blvd., Stute 750 Address Ft Lauderdale El 33301
6. The name and address of the new registered agent and/or office: Hetal Patel Name Na
1-tetal Patel
Name Name Rivi. Stute 750 Florida street address (P.O. Box NOT acceptable)
Ft. Louderdale, FL 33304
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)
(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. (Mgnature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00