

LD3000004747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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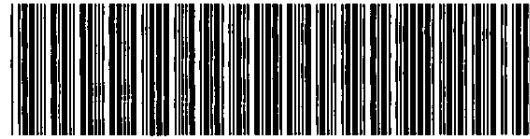
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. Culligan SEP -5 2012

**MOORE & MENKHAUS, P.L.**

ATTORNEYS AT LAW

ONE LINCOLN PLACE  
1900 GLADES ROAD, SUITE 401  
BOCA RATON, FLORIDA 33431  
DIRECT LINE

(561) 394-7910  
FAX TELECOPIER  
(561) 393-6541  
(561) 394-7922

August 7, 2012

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Registered Agent Change  
Comprehensive Home Care of Hillsborough, LLC  
Document Number: L03000004747

Enclosed please find the executed document to change the registered agent for Comprehensive Home Care of Hillsborough, LLC. Attached you will find a check payable to the Division of Corporations for the \$25 filing fee along with a return stamped envelop for the return of the filed forms. If you should need any further information, please contact us at 561-394-7910.

Sincerely,



Debbie Renken

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Comprehensive Home Care of Hillsborough, 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:

David J. Menkhaus  
Name of Person

Moore & Menkhaus, P. L.  
Firm/Company

1900 Glades Road, Suite 401  
Address

Boca Raton, FL 33431  
City/State and Zip Code

dmenkhaus@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Renken at ( 561 ) 394-7910  
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

**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: Comprehensive Home Care of Hillsborough, LL

2. (a) Principal office address of limited liability company: \_\_\_\_\_

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

3102 W. Waters Ave, Suite 202A  
Tampa, FL 33614

(b) Mailing address of limited liability company: \_\_\_\_\_

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

6450 NW 5th Way  
Ft. Lauderdale, FL 33309

February 7, 2003

3. Date of filing/registration in Florida

L03000004747

4. Document number

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

Registered Agent:

Roy J. Larson, Esq.

Registered Office Address:

c/o Baker & McKenzie, LLP  
1111 Brickell Ave, Suite 1700  
Miami, FL 33131

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

**NEW Registered Agent:**

David J. Menkhaus

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

c/o Moore & Menkhaus, P. L.  
1900 Glades Road, Suite 401  
Boca Raton, FL 33431

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

Garrett W. Gragg

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