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TALLAHASSEE, FLORIDA

REC - 5 2013  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Comprehensive Home Care of Pinellas/Pasco, 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:

Michael W. Moskowitz, Esq.

Name of Person

Moskowitz, Mandell, Salim & Simowitz, P.A.

Firm/Company

800 Corporate Drive, Suite 500

Address

Fort Lauderdale, FL 33334

City/State and Zip Code

mmoskowitz@mmsslaw.com

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

For further information concerning this matter, please call:

Michael W. Moskowitz at ( 954 ) 491-2000

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

LAW OFFICES  
**MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.**

600 CORPORATE DRIVE • SUITE 500  
FORT LAUDERDALE, FLORIDA 33334

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ALSO ADMITTED IN NY & DC\*  
ALSO ADMITTED IN MA\*\*  
ALSO ADMITTED IN NY & CT\*  
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CERTIFIED CIRCUIT COURT MEDIATOR\*

BROWARD (954) 491-2000  
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TELECOPIER (954) 491-2051  
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OF COUNSEL

SHIRLEY D. WEISMAN, P.A.

Michael W. Moskowitz  
[mmoskowitz@msslaw.com](mailto:mmoskowitz@msslaw.com)  
Direct (954) 776-9211

November 20, 2013

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Change of Registered Agent

Dear Sir or Madam:

Enclosed please find eleven (11) Statements of Change of Registered Office or Registered Agent or Both with respect to the following entities:

1. Polaris Management LLC; 55
2. Comprehensive Home Care of Palm Beach, LLC; 55
3. Comprehensive Home Care of Southwest Florida, LLC;
4. Comprehensive Home Care of Hillsborough, LLC;
5. Comprehensive Home Care of Hernando, LLC;
6. Comprehensive Home Care of Broward, LLC;
7. Comprehensive Home Care of Pinellas/Pasco, LLC
8. Distinctive Home Care, LLC;
9. Distinctive Home Care of Palm Beach, LLC;
10. C Plus of Palm Beach, LLC;
11. SLC Management & Support Services, LLC;

November 20, 2013

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On October 25, 2013 we transmitted change of registered agent forms for these entities, however, we inadvertently utilized the form for corporations and paid the \$35.00 filing fee. As the filing fee for a limited liability company is \$25.00, an overpayment in the amount of \$110.00 has been made.

Your courtesy and consideration in filing these amendments and refunding the overpayment is greatly appreciated. Should you have any questions or comments, please do not hesitate to contact the undersigned.

Very truly yours,

MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.

BY:

Michael W. Moskowitz  
MICHAEL W. MOSKOWITZ *cl*

MWM/cl

Enclosure

cc: Client



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2013

MICHAEL W. MOSKOWITZ, ESQUIRE  
800 CORPORATE DRIVE  
SUITE 500  
FORT LAUDERDALE, FL 33334

SUBJECT: COMPREHENSIVE HOME CARE OF PINELLAS/PASCO, LLC  
Ref. Number: L03000006901

We have received your document for COMPREHENSIVE HOME CARE OF PINELLAS/PASCO, LLC and your check(s) totaling \$560.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jeraline Saulsberry  
Regulatory Specialist II

Letter Number: 913A00025244

**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 Pinellas/Pasco, LLC

2. (a) Principal office address of limited liability company: 6450 NW 5th Way  
**(Note: MUST BE STREET ADDRESS)** Fort Lauderdale, FL 33309

(b) Mailing address of limited liability company: 33920 US Hwy 19 N  
**(Note: MAY BE POST OFFICE BOX)** Suite 341  
Palm Harbor, FL 34684

2/25/2003

L03000006901

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: Roy J. Larson, Esq.

Registered Office Address: c/o Baker & McKenzie, LLP  
1111 Brickell Avenue, Suite 1700  
Miami, FL 33131

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

**NEW Registered Agent:** Michael W. Moskowitz, Esq.

**NEW Registered Office Address:** c/o Moskowitz, Mandell, Salim & Simowitz, P.A.  
**(MUST BE FLORIDA STREET ADDRESS)** 800 Corporate Drive, Suite 500  
Fort Lauderdale, FL 33334

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. Bragg

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**

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TALLAHASSEE, FLORIDA