

LD3000007483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

2009 OCT 15 PM 1:34

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T. CLINE

OCT 16 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2009

YESMIN VALDIVIESO
318 INDIAN TRACE #530
WESTON, FL 33326

SUBJECT: MEDSTORE, L.L.C.
Ref. Number: L03000007483

We have received your document for MEDSTORE, L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 409A0003185

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medstore, L.L.C.
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:

Yesmin M Valdivieso

Name of Person

Firm/Company

318 Indian Trace # 530

Address

Weston, FL 33326

City/State and Zip Code

ymvaldivieso@gmail.com

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

For further information concerning this matter, please call:

Yesmin M Valdivieso

Name of Person

at (954)

385-2556

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 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: Medstore, L.L.C.

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

☒ _____

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

318 Indian Trace # 228

Weston, FL 33326

(b) Mailing address of limited liability company: _____

☒ _____

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

318 Indian Trace # 228

Weston, FL 33326

02/28/2003

L03000007483

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:

Yesmín M Valdivieso

Registered Office Address:

318 Indian Trace # 530

Weston, FL 33326

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

NEW Registered Agent:

Gabriela B Vuurman

NEW Registered Office Address:

204 NW 135 Way # 203

(MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33325

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.

Yesmín M Valdivieso

Signature of a member or authorized representative of a member

YESMIN M. VALDIVIESO

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.

Wahida M. M. M.

Signature of Registered Agent

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

FILING FEE: \$25.00