

L03000012832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 27 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2012

LAKEWOOD RANCH ANESTHESIA, PL
SANDRA J. BENDER
206 2ND ST. EAST
BRADENTON, FL 34208

SUBJECT: LAKEWOOD RANCH ANESTHESIA, PL
Ref. Number: L03000012832

We have received your document for LAKEWOOD RANCH ANESTHESIA, PL 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 designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 712A00022766

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AND
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12 SEP 26 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakewood Ranch Anesthesia PC
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:

Sandra J. Bender
Name of Person

Lakewood Ranch Anesthesia PC
Firm/Company

206 2nd St. East
Address

Bradenton, FL 34208
City/State and Zip Code

LWRANESTHESIA@AOL.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sandra Bender at (941) 745-6829
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: Lakewood Ranch Anesthesia PL

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

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

206 2nd St. East
Bradenton, FL 34208

(b) Mailing address of limited liability company: _____

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

206 2nd St. East
Bradenton, FL 34208
L03 000012832

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: _____

Lori Dorman, P.A.

Registered Office Address: _____

1001 3rd Ave. West
Suite 670
Bradenton, FL 34205

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

NEW Registered Agent: _____

Lori M. Dorman, P.A.

NEW Registered Office Address: _____

(**MUST BE FLORIDA STREET ADDRESS**)

515 9th St. East
Suite 100
Bradenton, FL 34208

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

Sandra J. Berden
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]
Signature of Registered Agent

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