

L03000030898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

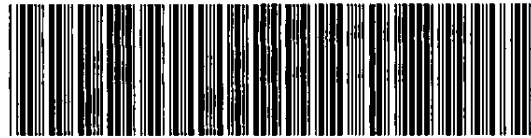
Special Instructions to Filing Officer:

A. LUNT

OCT 19 2010

EXAMINER

Office Use Only



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10/18/10--01017--004 **25.00

FILED
2010 OCT 18 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2010

MIAMI BEACH ANIMAL HOSPITAL, LLC
19501 BISCAYNE BLVD, STE. 400
AVENTURA, FL 33180

SUBJECT: MIAMI BEACH ANIMAL HOSPITAL, LLC
Ref. Number: L03000030898

2010 OCT 18 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Our records indicate the registered agent for the above named limited liability company resigned on September 27, 2010 and that the limited liability company currently does not have a registered agent designated.

Chapter 608, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain
Regulatory Specialist II
Division of Corporations

Letter Number: 110A00023562

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: Miami Beach Animal Hospital, LLC

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



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

19501 Biscayne Blvd. #400
Aventura, FL 33180

(b) Mailing address of limited liability company:



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

19501 Biscayne Blvd. #400
Aventura, FL 33180

08/19/03

L03000030898

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:

Marsha Soffer

Registered Office Address:

19501 Biscayne Blvd. #400
Aventura, FL 33180

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

NEW Registered Agent:

JACK E. KARSON

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

19501 Biscayne Blvd. #400
Aventura, FL 33180

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

Jon J. Rappaport

Printed or typed name of signer

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

[Signature]

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

FILED
AUG 18 PM 2:51
CLERK OF STATE
TALLAHASSEE, FLORIDA