

L04 000004029

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 29, 2004

MARIE-LOUISE KOSTIS
13336 NORTH CENTRAL AVENUE
TAMPA, FL 33612

SUBJECT: LDD MEDICAL, LLC
Ref. Number: L04000004029

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for LDD MEDICAL, LLC, 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.

There is a balance due of \$25.00.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 804A00062395

**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. The name of the limited liability company is: LDD Medical, LLC

2. The mailing address of the limited liability company is : 13336 North Central Avenue

Tampa, FL 33612

January 15, 2004

L04000004029

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Keith W. Koehler

Name

1611 West Platt Street

Address

Tampa, FL 33606

City, State and Zip

6. The name and address of the new registered agent and/or office:

David Bekhor

Name

13336 North Central Avenue

Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33612

City, State and Zip

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)

David Bekhor

(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

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