

L04 000043708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

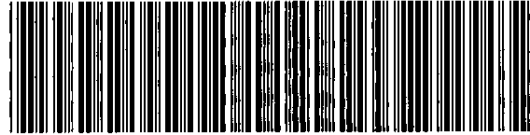
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800209362508

06/28/11--01013--006 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUN 28 AM 8:39

FILED

J. SAULSBERRY  
EXAMINER

JUN 29 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALANAR GP, 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:

RODOLFO DUMENIGO

Name of Person

RODOLFO DUMENIGO, M.D., P.A.

Firm/Company

1200 ALTON ROAD

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

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

For further information concerning this matter, please call:

CHRISTIAN CASTRO

Name of Person

at ( 954 )

739-9000

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

FILED  
2011 JUN 28 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ALANAR GP, LLC

2. (a) Principal office address of limited liability company: 1200 ALTON ROAD

(Note: **MUST BE STREET ADDRESS**) MIAMI BEACH, FL 33139

(b) Mailing address of limited liability company: 1200 ALTON ROAD

(Note: **MAY BE POST OFFICE BOX**) MIAMI BEACH, FL 33139

6/9/04 3. Date of filing/registration in Florida L04000043708 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: DADE CORPORATE SERVICES, INC.

Registered Office Address: 2300 CORAL WAY  
MIAMI FL 33145

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

**NEW** Registered Agent: RODOLFO DUMENIGO

**NEW** Registered Office Address: 1200 ALTON ROAD  
(**MUST BE FLORIDA STREET ADDRESS**) MIAMI BEACH FL 33139

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]  
Signature of a member or authorized representative of a member

RODOLFO DUMENIGO  
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