

LOS000023382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

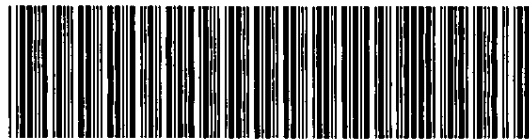
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 AUG -6 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG -7 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Community Care Melrose, 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:

Jon C. Thomas II

Name of Person

Community Care Melrose LLC

Firm/Company

2615 NE 17th Terrace

Address

Gainesville, FL 32609

City/State and Zip Code

jt@forestmeadowsfh.com

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

For further information concerning this matter, please call:

Rosa Lea Olson

Name of Person

at (352) 372-1447

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

2013 AUG -6 PM 4:57
SECRET
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: Community Care Melrose, LLC

2. (a) Principal office address of limited liability company: 2615 NE 17th Terrace
Gainesville, FL 32609
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 2615 NE 17th Terrace
Gainesville, FL 32609
(Note: MAY BE POST OFFICE BOX)

03/08/2005

L05000023382

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:

Jon C. Thomas

Registered Office Address:

2615 NE 17th Terrace
Gainesville, FL 32609

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

NEW Registered Agent:

Patsy A. Thomas, President

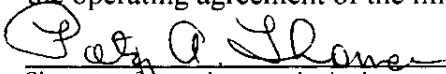
NEW Registered Office Address:

2615 NE 17th Terrace

(MUST BE FLORIDA STREET ADDRESS)

Gainesville, FL 32609

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.

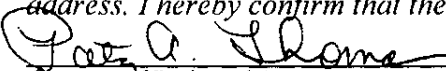


Signature of a member or authorized representative of a member

Patsy A. Thomas

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

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2013

JOHN C. THOMAS II
COMMUNITY CARE MELROSE LLC
2615 NE 17TH TERRACE
GAINESVILLE, FL 32609

SUBJECT: COMMUNITY CARE MELROSE, LLC
Ref. Number: L05000023382

2013 AUG -6 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for COMMUNITY CARE MELROSE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 613A00017905