

LD5000050822

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(Address)

(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGE OF ADDRESS

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:

JAIME MEMBRENO

Name of Person

RETINA MACULA SPECIALISTS, PLLC

Firm/Company

1000 VIA MERANO COURT

Address

WINTER PARK, FL 32789

City/State and Zip Code

JHMEMBRENO@GMAIL.COM

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

For further information concerning this matter, please call:

CAROLINA CORCHUELO

at (407)

644-0323

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2014

JAIME MEMBREND
RETINA MACULA SPECIALISTS P.L.
1000 VIA MERANO COURT
WINTER PARK, FL 32789

SUBJECT: RETINA MACULA SPECIALISTS P.L.
Ref. Number: L05000050822

We have received your document for RETINA MACULA SPECIALISTS P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 814A00015746

RECEIVED
14 AUG 14 PM 12:03
DELAWARE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: RETINA MACULA SPECIALISTS, PLLC

2. (a) 100 PARK PLACE BLVD., STE. 202 (b) 1000 VIA MERANO COURT

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

KISSIMMEE, FL 34741

WINTER PARK, FL 32789

5/20/2005

L05000050822

3. Date of filing/registration in Florida

4. Document number

5. (a) JAIME H. MEMBRENO

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

720 W OAK STREET, STE. 30

KISSIMMEE, FL 34741

(b) JAIME H. MEMBRENO

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

100 PARK PLACE BLVD., STE. 202

KISSIMMEE, FL 34741

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

JAIME H. MEMBRENO

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 605, 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

FILED
SECRETARY OF STATE
14 AUG 14 PM 2:32