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Division of Corporations

LOS000101124

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONROY, CONROY & DURANT, P.A.
Account Number : I20190800025
Phone : (239)649-5200
Fax Number : (239)649-8140

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: filings@naplespropertylaw.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
MARCIANO DENTAL GROUP - NAPLES, LLC**

Certificate of Status	0
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Page Count	08 4
Estimated Charge	\$25.00

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October 20, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MARCIANO DENTAL GROUP - NAPLES, LLC
1859 IVORY CANE POINT
NAPLES, FL 34119

SUBJECT: MARCIANO DENTAL GROUP - NAPLES, LLC
REF: L05000101124

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document was submitted under the wrong form.

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.

Valerie Herring
Regulatory Specialist III

FAX Aud. #: B21000389387
Letter Number: 421A00025576

((4210003893873)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCIANO DENTAL GROUP - NAPLES, 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:

Kristin M. Conroy

Name of Person

Conroy, Conroy & Durant, P.A.

Firm/Company

2210 Vanderbilt Beach Road, Suite 1201

Address

Naples, FL 34109

City/State and Zip Code

filings@naplespropertylaw.com

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

For further information concerning this matter, please call:

Kristin Conroy

Name of Person

at (239) 649-5200

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

(((H21000389387 3)))

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: MARCIANO DENTAL GROUP - NAPLES, LLC
2. (a) 26711 Dublin Woods Circle
Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)
Bonita Springs, FL 34135
- (b) 1859 Ivory Cane Point
Mailing address of limited liability company.
(Note: MAY BE POST OFFICE BOX)
Naples, FL 34119
3. 10/13/2015
Date of filing/registration in Florida
4. LD5000101124
Document number

5. (a) Conroy, Conroy & Durant, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 Hays Street

Tallahassee, FL 32301

- (b) Kristin M. Conroy
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Conroy, Conroy & Durant, P.A.

NEW Registered Office Address:

2210 Vanderbilt Beach Road, Suite 1201

Naples, FL 34109

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

NICHOLAS MARCIANO

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]
Signature of Registered Agent

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

DHSJ3, (2/14)

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TALLAHASSEE, FLORIDA