

LOS000104781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

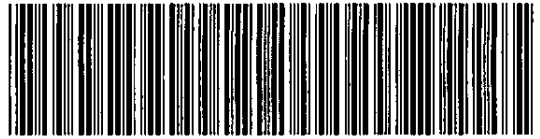
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 23 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VINTAGE MEDICINE 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:

PATTI HARRISON

Name of Person

VINTAGE MEDICINE

Firm/Company

725 HWY 466, SUITE B

Address

THE VILLAGES, FL 32159

City/State and Zip Code

vintagepharmacy@embargo.com

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

For further information concerning this matter, please call:

JON NANKERVIS

Name of Person

at (352)

751-6895

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

October 22, 2009

PATTI HARRISON
725 HWY 466
SUITE B
THE VILLAGES, FL 32159

SUBJECT: VINTAGE MEDICINE, LLC
Ref. Number: L05000104781

We have received your document for VINTAGE MEDICINE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you are designating a NEW Registered Agent that person must sign.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 409A00033711

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: VINTAGE MEDICINE, LLC
2. (a) Principal office address of limited liability company: VINTAGE MEDICINE, LLC
☐ (Note: **MUST BE STREET ADDRESS**) 725 Hwy. 466, STE B
THE VILLAGES, FL. 32159
- (b) Mailing address of limited liability company: Vintage Medicine, LLC
☐ (Note: **MAY BE POST OFFICE BOX**) P.O. Box 67
LADY LAKE FL. 32158
- 10/25/05 3. Date of filing/registration in Florida LO5000104781 4. Document number

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

Registered Agent:

HARRISON, PATTI M.

Registered Office Address:

906 AVENIDA CENTRAL
Suite B
THE VILLAGES, FL 32159

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

725 Hwy 466
Suite B
The Villages FL 32159

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.

Patti M. Harrison
Signature of a member or authorized representative of a member

Patti M. HARRISON
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