

LO5000114284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

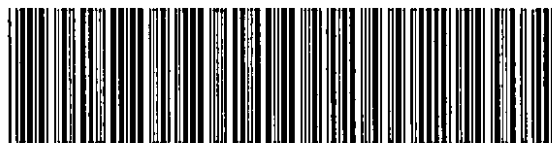
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JUL 25 2018

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S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2018

MOUSHUMI BANERJEE  
11528 W STATE RD 84, SUITE 669  
DAVIE, FL 33355

SUBJECT: SIDELL INVESTMENTS, LLC  
Ref. Number: L05000114284

*Application  
re-submitted  
with Part 5(b) duly  
filled in.*

We have received your document for SIDELL INVESTMENTS, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Part 5(b) has not been completed.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 418A00010252

RECEIVED  
2018 JUL 25 AM 11:07  
CORPORATION  
DIVISION

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIDELL INVESTMENTS LLC/SIDELL HEALTHCARE  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) <sup>re -</sup> are submitted for filing.  
^

Please return all correspondence concerning this matter to the following:

MOUSHUMI BANERJEE  
Name of Person

SIDELL INVESTMENTS LLC  
Firm/Company

11528 W. STATE ROAD 84, # 669  
Address

DAVIE, FL 33325  
City/State and Zip Code

ben@laintrading.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOUSHUMI BANERJEE at ( 954 ) 895 - 4270  
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 (PAID)  
SEE ATTACHED  
LETTER.

☐ \$55 Filing Fee & Certified Copy

**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: SIDELL INVESTMENTS LLC / DBA SIDELL HEALTHCARE

2. (a) 11528 W. STATE ROAD 84 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

SUITE 669

DAVIE, FL 33325

3. 11/30/2005 4. L05000114284  
Date of filing/registration in Florida Document number

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

11020 SW 23RD. STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

DAVIE, FL 33325

DAVIE, FL 33325

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

11528 W. STATE ROAD 84

NEW Registered Office Address:

SUITE 669

DAVIE, FL 33325

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.

Moushumi Banerjee  
Signature of a member or authorized representative of a member

DIPANKAR B. BANERJEE  
Printed or typed name of signer  
MOUSHUMI BANERJEE

*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.*

Moushumi Banerjee  
Signature of Registered Agent