

106000034767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

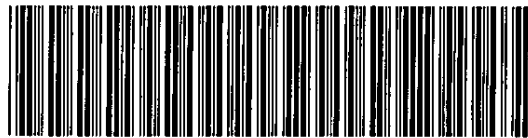
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[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2007

STEVEN DUKER
5401 N UNIVERSITY DRIVE, SUITE 204
CORAL SPRINGS, FL 33067

SUBJECT: MIRAMAR OPTICAL CENTER, LLC
Ref. Number: L06000034767

We have received your document for MIRAMAR OPTICAL CENTER, 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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 307A00034423

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: MIRAMAR OPTICAL CENTER, LLC

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: L 060 000 34767

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

STEVEN DUKER

(Contact Person)

DUBROW DUKER ASSOCIATES, P.A.

(Firm/Company)

5401 N. UNIVERSITY DRIVE . SUITE 204

(Address)

CORAL SPRINGS, FL 33067

(City, State and Zip Code)

For further information concerning this matter, please call:

STEVEN DUKER

(Name of Contact Person)

at (954) 345 0323

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

INHS04 (01/06)

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2007 AUG -3 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIRAMAR OPTICAL CENTER, 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:

STEVEN D. DUKER
(Name of Person)

Dubrow Duker & Associates, P.A.
(Firm/Company)

5401 N. University Drive, Suite 204
(Address)

Coral Springs, FL 33067
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN D. DUKER at (954) 345-0323
(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

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SECRETARY OF STATE
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. The name of the limited liability company is: MIRAMAR OPTICAL CENTER, LLC.
2. The mailing address of the limited liability company is: 1951 SW 172ND AVE., SUITE 301,
MIRAMAR, FL 33029
3. Date of filing/registration in Florida: 04/01/2006
4. Document number: L06000034767

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

KARP, KENNETH MD
Name
5940 NE 6TH CT
Address
MIAMI, FL 33137
City, State and Zip

6. The name and address of the new registered agent and/or office:

DUBROW DUKER & ASSOCIATES, P.A.
Name
5401 N. UNIVERSITY DR, SUITE 204
Florida street address (P.O. Box NOT acceptable)
CORAL SPRINGS, FL 33067
City, State and Zip

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)

Steven D. Duker
(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]
(Signature of Registered Agent)

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