

L060000042653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

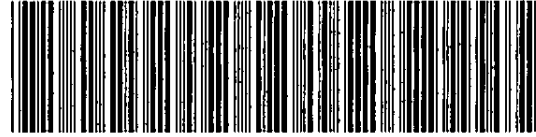
(Business Entity Name)

(Document Number)

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J. BRYAN  
JUN 26 2008

J. BRYAN

AUG 12 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2008

MAXIMO TIRADOR  
DORAL SURGICAL SERVICES, LLC  
6440 NW 114 AVENUE, #405  
DORAL, FL 33178

SUBJECT: DORAL SURGICAL SERVICES LLC  
Ref. Number: L06000042653

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We have received your document for DORAL SURGICAL SERVICES 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):

You completed the wrong form

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 508A00038481



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2008 .

MAXIMO TIRADOR  
DORAL SURGICAL SERVICES, LLC  
6440 NW 114 AVENUE, #405  
DORAL, FL 33178

SUBJECT: DORAL SURGICAL SERVICES LLC  
Ref. Number: L06000042653

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You failed to make the correction(s) requested in our previous letter.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 408A00044210

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DORAL SURGICAL SERVICES 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:

MAXIMO R. TIRADOR  
(Name of Person)

DORAL SURGICAL SERVICES LLC  
(Firm/Company)

6440 NW 114<sup>th</sup> Ave Unit 405  
(Address)

DORAL, FL 33178  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

MAXIMO R. TIRADOR at ( 305 ) 905-7628  
(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

**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: DORAL SURGICAL SERVICES LLC
2. (a) Principal office address of limited liability company: 6440 NW 114th Ave Unit 405  
(Note: **MUST BE STREET ADDRESS**) DORAL, FL 33178
- (b) Mailing address of limited liability company: 6440 NW 114th Ave Unit 405  
(Note: **MAY BE POST OFFICE BOX**) DORAL FL 33178

3. Date of filing/registration in Florida: 4/25/06
4. Document number: LO6000042653

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

Registered Agent: MAXIMO R TIRADOR

Registered Office Address: 1431 Hollywood Blvd.  
Hollywood, FL 33020

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

**NEW Registered Agent:** MAXIMO R TIRADOR

**NEW Registered Office Address:** 6440 NW 114th Ave Unit 405  
(**MUST BE FLORIDA STREET ADDRESS**) DORAL, FL 33178

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.

Maximo R Tirador  
(Signature of a member or authorized representative of a member)

MAXIMO R. TIRADOR  
(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.

Maximo R. Tirador  
(Signature of Registered Agent)

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