

LG 000062993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

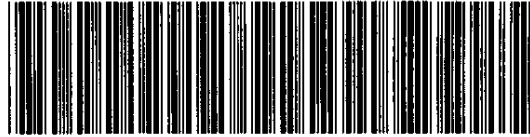
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Wrong form

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2016 SEP 22 A 6:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

SEP 23 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2016

LAWRENCE FELDMAN  
48 PALM AVENUE  
MIAMI BEACH, FL 33139

SUBJECT: MED PROPERTIES VII, LLC  
Ref. Number: L06000062993

We have received your document for MED PROPERTIES VII, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 316A00019385

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Med Properties V/I 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:

Lawrence Feldman

Name of Person

Lawrence Feldman  
48 Palm Avenue  
Miami Beach, Florida 33139

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Lawrence Feldman at (305) 608-9544  
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 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: Med Properties VII LLC

2. (a) 48 Palm Ave (b) Same

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Miami Beach FL

33139

6/21/06

L06000062993

3. Date of filing/registration in Florida

4. Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 S. Pine Island Rd  
Plantation, FL 33324

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

NEW Registered Office Address:

Lawrence Feldman  
48 Palm Avenue  
Miami Beach, Florida 33139

, FL \_\_\_\_\_

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 of a member or authorized representative of a member

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 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 of Registered Agent

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

FILING FEE: \$25.00

FILED  
2016 SEP 22 A 6:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA