

LO6000085774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

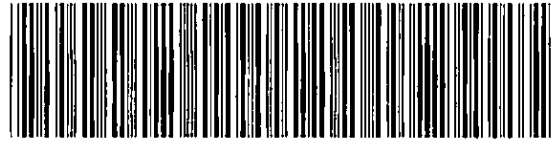
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Special Instructions to Filing Officer.

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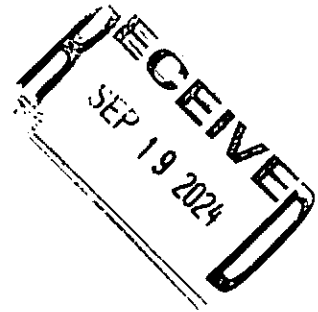


FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2024

MIDTOWN PROFESSIONAL CENTER, LLC
2515 NE FEDERAL HIGHWAY, #245
STUART, FL 34994

SUBJECT: MIDTOWN PROFESSIONAL CENTER, LLC
Ref. Number: L06000085774



We have received your document for MIDTOWN PROFESSIONAL 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):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA 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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 224A00019128

*See attached
new application*

*James
Salcedo*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Midtown Professional Center

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:

William Salcedo

Name of Person

Midtown Professional Center

Firm/Company

2515 NW Federal Highway #245

Address

Stuart, FL 34994

City/State and Zip Code

salcedopodiatry@gmail.com

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

For further information concerning this matter, please call:

Janice Salcedo

772

631-3326

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Midtown Professional Center, LLC

2. (a) 2515 NW Federal Highway (b) 2515 NW Federal Highway

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 245

Suite 245

Stuart, FL 34994

Stuart, FL 34994

09/30/2006

L06000085774

3. Date of filing/registration in Florida

4. Document number

5. (a) William Salcedo

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1331 SE Port St. Lucie Blvd.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Suite 101

Port St. Lucie, FL 34952

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

2515 NW Federal Highway

NEW Registered Office Address:

Suite 245

Stuart, FL 34994

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.

William Salcedo

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