

L06000089296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

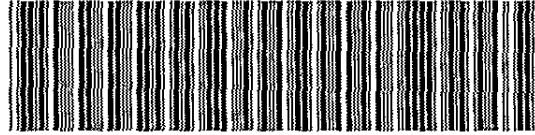
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TALLAHASSEE, FLORIDA

2006 DEC -5 P 2:01

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2006

KERRY ANNE SCHULTZ, ESQ.
2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

SUBJECT: ARNOLD MEDICAL LOGISTICS, LLC
Ref. Number: L06000089296

We have received your document for ARNOLD MEDICAL LOGISTICS, 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 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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 306A00066103

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2006

KERRY ANNE SCHULZ, ESQ.
2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

SUBJECT: ARNOLD MEDICAL LOGISTICS, LLC
Ref. Number: L06000089296

We have received your document for ARNOLD MEDICAL LOGISTICS, 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):

The registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 806A00068096

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TALLAHASSEE, FLORIDA

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Also admitted in Alabama
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Kerry Anne Schultz
kaschultz@lawbordelon.com

BORDELON & SCHULTZ LAW FIRM

P.L.

Established 1974

2721 Gulf Breeze Parkway
Gulf Breeze, Florida 32563
Tel (850) 934-1000
Fax (850) 934-1050

www.lawbordelon.com

November 27, 2006

VIA CERTIFIED U.S. MAIL

7005 1160 0000 2735 4690

Secretary of State
Division of Corporation
ATTN: Agnes Lunt
P.O. Box 6327
Tallahassee, Florida 32314

RE: Arnold Medical Logistics, L.L.C.
Reference No.: L06000089296

Dear Agnes:

Please find enclosed a copy of your letter dated November 9, 2006 in regard to the above-referenced matter. Also enclosed please find the original Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company executed by Kerry Anne Schultz, Esquire in the interest of Arnold Medical Logistics, L.L.C.

Pursuant to your November 9, 2006 letter please use our credit for \$25.00 for our filing fee.

Please do not hesitate to call if you have any further questions or concerns. Thank you for your consideration.

Sincerely,



Natalie Pipchinski, Legal Assistant to
Kerry Anne Schultz, Esquire

/np

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARNOLD MEDICAL LOGISTICS, 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:

Kerry Anne Schultz, Esquire
(Name of Person)

Bordelon & Schultz Law Firm, P.L.
(Firm/Company)

2721 Gulf Breeze Parkway
(Address)

Gulf Breeze, Florida 32563
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Kerry Anne Schultz, Esquire at (850) 934-1000
(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. The name of the limited liability company is: ARNOLD MEDICAL LOGISTICS, LLC

2. The mailing address of the limited liability company is : _____

707 E. Cervantes Street, Suite B #311, Pensacola, Florida 32501

9/11/06

L06000089296

3. Date of filing/registration in Florida

4. Document number

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

Lindsay D. Matthew

Name

532 Sabal Lake Dr. Apt. 108

Address

Longwood, Florida 32779

City, State and Zip

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

Bordelon & Schultz Law Firm, P.L.

Name

2721 Gulf Breeze Parkway

Florida street address (P.O. Box NOT acceptable)

Gulf Breeze

FL 32563

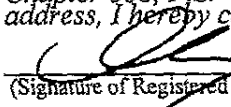
City, State and Zip

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 of a member or authorized representative of a member)

Kerry Anne Schultz, Attorney
(Printed or typed name of signer)

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 of Registered Agent)

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

2006 DEC -5 P 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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