

LD6000094201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 10 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PlatinumOne Home Health 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:

Reynaldo Arguelles

Name of Person

PlatinumOne Home Health Services LLC

Firm/Company

5901 NW 151 St Suite 107

Address

Miami Lakes, FL 33014

City/State and Zip Code

platinumone@bellsouth.net

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

For further information concerning this matter, please call:

Reynaldo Arguelles at (305) 362-9336

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 SEP -9 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 20, 2015

REYNALDO ARGUELLES, DON
5901 NW 151ST STREET
SUITE 107
MIAMI LAKES, FL 33014

SUBJECT: PLATINUMONE HOME HEALTH SERVICES LLC
Ref. Number: L06000094201

We have received your document for PLATINUMONE HOME HEALTH 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):

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 615A00017626

**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: PlatinumOne Home Health Services LLC

2. (a) 5901 NW 151 St Suite 107 (b) 5901 NW 151 St Suite 107

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Miami Lakes FL 33014

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Miami Lakes, FL 33014

09/26/2006

L06000094201

3. Date of filing/registration in Florida

4. Document number

5. (a) LORNA LELANY L. ARGUELLES

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

15315 NW 60 AVE SUITE G

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI LAKES, FL 33014

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

NEW Registered Office Address:

5901 NW 151 ST SUITE 107

MIAMI LAKES, FL 33014

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

REYNALDO ARGUELLES

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

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2015 SEP -9 AM 9:46
TALLAHASSEE, FLORIDA