

LO6000101524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

LO6-101524

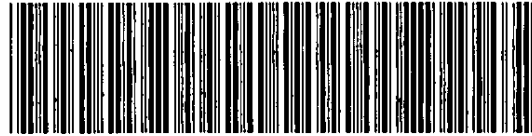
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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUA Center of Orlando, L.L.C.
(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:

Roger W. Spencer, M.D.
(Name of Person)

MUA Center of Orlando, L.L.C.
(Firm/Company)

11155 SE Sunset Harbor Road
(Address)

Summerfield, Florida 34491
(City/State and Zip Code)

For further information concerning this matter, please call:

Roger W. Spencer at (352) 267-9170
(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

June 13, 2008

MICHAEL R. LOWE, ESQ.
2180 WEST S.R. 434
SUITE 2150
LONGWOOD, FL 32779

SUBJECT: MUA CENTER OF ORLANDO, LLC
Ref. Number: L06000101524

We have received your document for MUA CENTER OF ORLANDO, 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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 708A00036359

**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: MUA Center of Orlando, L.L.C.

2. (a) Principal office address of limited liability company: 132 Benmore Drive
(Note: MUST BE STREET ADDRESS) Winter Park, Florida 32792

(b) Mailing address of limited liability company: 11155 SE Sunset Harbor Road
(Note: MAY BE POST OFFICE BOX) Summerfield, Florida 34491

10/17/2006

3. Date of filing/registration in Florida

L06000101524

4. Document number

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

Registered Agent: Belinda Stratton

Registered Office Address: 132 Benmore Drive
Winter Park, Florida 32792

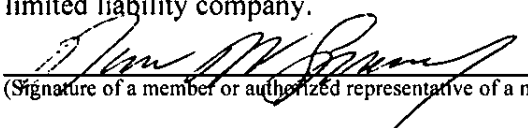
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TALLAHASSEE FLORIDA

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

NEW Registered Agent: Maryanne Spencer

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 11155 SE Sunset Harbor Road
Summerfield, FL 34491

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)

Roger W. Spencer
(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.


(Signature of Registered Agent)

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