

LO6000113336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

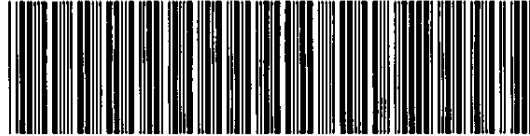
(Business Entity Name)

(Document Number)

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16 APR 11 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Apr 14 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elite Dental, 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:

Lynn Walker Wright, Esq.

\_\_\_\_\_  
Name of Person

Lynn Walker Wright, PA

\_\_\_\_\_  
Firm/Company

12184 West Colonial Drive, Suite 102

\_\_\_\_\_  
Address

Winter Garden, FL 34787

\_\_\_\_\_  
City/State and Zip Code

julypber33@live.com

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

For further information concerning this matter, please call:

Lynn Walker Wright, Esq.

at ( 407 )

656-5500

\_\_\_\_\_  
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 - *paid*

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 18, 2016

LYNN WALKER WRIGHT  
LYNN WALKER WRIGHT, PA  
12184 WEST COLONIAL DR, STE 102  
WINTER GARDEN, FL 34787

SUBJECT: ELITE DENTAL, LLC  
Ref. Number: L06000113336

RECEIVED  
2016 APR 11 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ELITE DENTAL, 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 CORPORATION, but your entity is a 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 516A00003416

FILED  
16 APR 11 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Elite Dental, LLC
2. (a) 851 West State Road 436  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Suite 1021  
Altamonte Springs, FL 32714
- (b) 851 West State Road 436  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Suite 1021  
Altamonte Springs, FL 32714
3. 11/27/2006 Date of filing/registration in Florida
4. L06000113336 Document number

5. (a) Rodolfo A. Olmos  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
851 West State Road 436

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Suite 1021  
Altamonte Springs, FL 32714

- (b) Juliana P. Bermudez  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

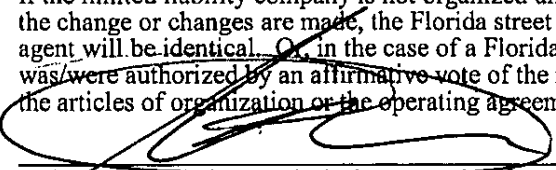
9558 Cypress Pine Street

NEW Registered Office Address:

Orlando, FL 32827

FILED  
16 APR 11 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Rodolfo A. Olmos

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 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