

LD0000118779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

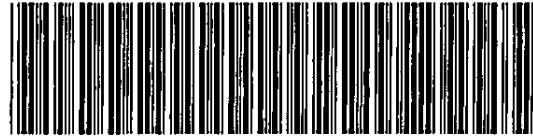
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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*Self*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE ALTERNATIVE HEALTH CARE 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:

MARGOT WALBERT  
(Name of Person)

THE ALTERNATIVE HEALTH CARE CENTER  
(Firm/Company)

614 S. Juder DR.  
(Address)

Longboat Key, FL 34225  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARGOT WALBERT at (941) 387-9026  
(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

January 29, 2007

MARGOT WALBERT  
624 ST. JUDES DRIVE  
LONGBOAT KEY, FL 34228

SUBJECT: TRAIN4COMBAT, LLC  
Ref. Number: L06000011877

*L06000011877*

*wrong name  
& doc #*

We have received your document for TRAIN4COMBAT, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6967.

Leslie Sellers  
Document Specialist

Letter Number: 207A00006846

**In the Centre Shops**  
**Store #3225**  
**5380 Gulf of Mexico Dr. #105**  
**Longboat Key, FL 34228**  
**Phone: (941) 383-8989**  
**Fax: (941) 383-8534**



**The UPS Store**

## FAX COVER

To: FL Dept. of State, Division of Corp. Fax#: 1-850-245-6030

Date: 2-5-07 No. of Pages (includes cover sheet): 4

From: Margo + Walbert Phone: 941-387-9026

Subject: Letter No 207A00006846 - change of business address

2-5-07

To whom it may concern:

I just talked to your department and was asked to fax this letter to you.

I don't understand what I have done wrong filling out this application. I am

the only registered agent in my company.

Please inform me via e-mail:

DR. MARGOT1 @ verizon.net

Sincerely,  
Margot Walbert

# 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: The ALTERNATIVE HEALTH CARE Center
2. The mailing address of the limited liability company is: 624 St. Judes Dr.  
Longboat Key, FL 34228
3. Date of filing/registration in Florida: Dec-13-2006
4. Document number: 406000118779

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

Margot WALBERT - The Alternative Health Care  
Name  
624 St. Judes Dr.  
Address  
Longboat Key, FL 34228  
City, State and Zip

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

Margot Walbert  
Name  
5370 GULF OF MEXICO DR.  
Florida street address (P.O. Box NOT acceptable)  
Longboat Key FL 34228  
City, State and Zip

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DIVISION OF CORPORATIONS

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.

M. Walbert  
(Signature of a member or authorized representative of a member)

MARGOT WALBERT  
(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.

M. Walbert  
(Signature of Registered Agent)

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

INHS18 (8/05)

\* regarding change of business address