## L07000004820

(Requestor's Name)	_		
(Address)			
(Address)	_		
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
ON SECRETARY OF STATE

J. BRYAN

SEP 16 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
•		
SUBJECT: RICHARD L. SEDA DPM, LLC		
(Name of I	Limited Liability Company)	
5 6' 14 1		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
Jayne Montross		
(Name of Person)	<del></del>	
Florida Foot and Ankle Associates, LLC (Firm/Company)	<del></del>	
8200 NW 27th Street Suite 108		
(Address)		
Doral Florida 22422		
Doral, Florida 33122 (City/State and Zip Code)		
For further information concerning this matter,	please call:	
Jayne Montross (Name of Person)	(Area Code & Daytime Telephone Number)	
(Ivalife of Ferson)	(Area code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section Division of Corporations P.O. Box 6327	
Division of Corporations Clifton Building		
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	,	
Enclosed is a check for the following	amount:	
	☐ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## 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: RICHARD L.	SEDA DPM, LLC
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 1345 Alton RD.  Miami Beach, FL 33139
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1345 Alton RD.  Miami Beach, FL 33139
01/16/2007  3. Date of filing/registration in Florida	L07000004820  4. Document number  the records of the Florida Dept. of State:
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Baum, Ira DPM
Registered Office Address:	8940 N. Kendall Drive Suite 801-E Miami, FI 33176
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Zwick, Thomas DPM
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8200 NW 27th Street  Suite 108  Doral ,FL 33122
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of emember or authorized representative of a member)  Jayne Montross (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby ad in writing of this change.

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

(Signature of Registered Agent)