

L07000015421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

*N/A
See attached
letter.*



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 22 AM 10:39

B. Tiedock JAN 22 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2007

ADVANCE HEALING CENTER, LLC
1507 S. HIAWASSEE RD
SUITE 215
ORLANDO, FL 32835

SUBJECT: ADVANCE HEALING CENTER, LLC
Ref. Number: L07000015421

It was brought to our attention that the document filed on February 12, 2007 for the above referenced entity contains a deficiency and was filed in error. This deficiency must be corrected on or before January 31, 2008 or the entity will be administratively dissolved or revoked on our records. This letter shall serve as your official 60 days' notice.

Florida law does not allow a business entity to serve as its own registered agent. You must designate another business entity with an active registration or filing on our records or an individual with a Florida street address.

For your convenience, we are enclosing the appropriate form and applicable instructions to correct this deficiency on our records. The fee to file this document will be abated due to our error. As a courtesy, a certified copy of the document will be returned to you free of charge.

Please return the completed form along with a copy of this letter to my personal and confidential attention. A self-addressed envelope is enclosed for your convenience.

Please accept our sincere apology for this oversight.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 507A00066653

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCE HEALING CENTER 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:

YIWA BUELVAS
(Name of Person)

ADVANCE HEALING CENTER
(Firm/Company)

1507 S HIAWASSEE RD STE #215
(Address)

ORLANDO, FL 32835
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE CRUZ -at (407) 620-0984
(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

Attn: Brenda Jackson

Enclosed is a check for the following amount:

☒ ~~\$25 Filing Fee~~ N/A

☒ ~~\$55 Filing Fee & Certified Copy~~ N/A

**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: ADVANCE HEALING CENTER LLC
2. The mailing address of the limited liability company is : 1507 S. HIAWASSEE RD STE 215
ORLANDO, FL 32835

2/12/2007
3. Date of filing/registration in Florida

L07000015421
4. Document number

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

ADVANCE HEALING CENTER LLC
Name
1507 S HIAWASSEE RD STE 215
Address
ORLANDO, FL 32835
City, State and Zip

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

YINA BUELVA
Name
504 CASCADING CREEK LANE
Florida street address (P.O. Box NOT acceptable)
WINTER GARDEN, FL 34787
City, State and Zip

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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.

Yina Buelvas
(Signature of a member or authorized representative of a member)

YINA BUELVA
(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.

Yina Buelvas
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

~~FILING FEE: \$25.00~~ N/A