

L070000072638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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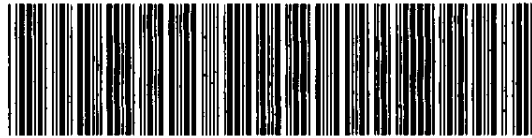
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JAN 11 2010

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

10 JAN -8 PM 1:14

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bella Vista Dental Medical Properties, 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:

Michael F. Agnini

Name of Person

Bella Vista Dental Medical Properties, LLC

Firm/Company

214 Fernery Road

Address

Lakeland, FL 33809

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael F. Agnini

Name of Person

at (863)

682-1500

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

December 22, 2009

MICHAEL F. AGNINI
214 FERNERY ROAD
LAKELAND, FL 33809

SUBJECT: BELLA VISTA DENTAL MEDICAL PROPERTIES, L.L.C.
Ref. Number: L07000072683

We have received your document for BELLA VISTA DENTAL MEDICAL PROPERTIES, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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
Regulatory Specialist II

Letter Number: 709A00038915

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: Bella Vista Dental Medical Properties, LLC

2. (a) Principal office address of limited liability company: 418 North Road

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(Note: MUST BE STREET ADDRESS)

Lakeland, FL 33809

(b) Mailing address of limited liability company: 418 North Road

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(Note: MAY BE POST OFFICE BOX)

Lakeland, FL 33809

July 13, 2007

3. Date of filing/registration in Florida

L07000072683

4. Document number

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

Registered Agent:

Michael F. Agnini

Registered Office Address:

418 North Road

Lakeland, FL 33809

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

NEW Registered Agent:

Michael F. Agnini

NEW Registered Office Address:

214 Fernery Road

(MUST BE FLORIDA STREET ADDRESS)

Lakeland, FL 33809

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.

Michael F. Agnini
Signature of a member or authorized representative of a member

Michael F. Agnini

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.

Michael F. Agnini
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
JAN - 8 PM 1:10
TALLAHASSEE, FL