

L07000092889

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAY 30 PM 3:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GL DENTMED 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:

LUCIANO J GARCIA 005
(Name of Person)

GL DENTMED LLC
(Firm/Company)

471 SW 101 AVE
(Address)

PLANTATION FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

LUCIANO GARCIA at (954) 370-9061
(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

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: GL DENTMED LLC
2. (a) Principal office address of limited liability company: 8220 NW 30TH TERRACE
DORAL FL 33122
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 8220 NW 30TH TERRACE
DORAL FL 33122
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 09-11-2007
4. Document number: ~~4200~~ L07000092889

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

Registered Agent:

CORPORATION SERVICE CO

Registered Office Address:

1201 HAYS STREET
TALLAHASSEE FL 32301

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

NEW Registered Agent:

LUCIANO J GARCIA

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

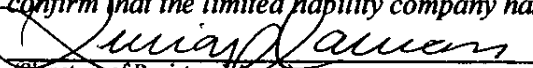
471 SW 101 AVE
PLANTATION FL 33324
FL 33324

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)

LUCIANO J GARCIA
(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.


(Signature of Registered Agent)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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