

L07000107350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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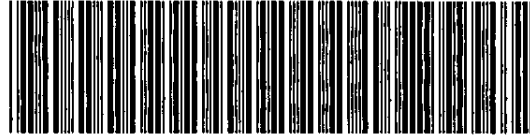
(Business Entity Name)

(Document Number)

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FILED  
16 MAR 21 PM 2:16  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
NORTH FLORIDA

MAR 23 2016

Y SULKER

Division of corporations,

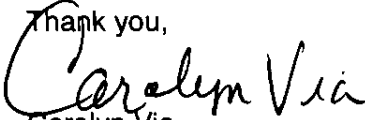
3/15/2016

This letter is to clarify the changes to Physicians Surgical Group of Boca Raton

are the address as well as removing Christopher Liva as Managing member.

Please remove Christopher Liva leaving the owner and manager as Carolyn Via.

Thank you,

  
Carolyn Via

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHYSICIANS SURGICAL GROUP OF BOCA RATON, 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:

Carolyn Via  
Name of Person

Physicians Surgical Group of Boca Raton, LLC  
Firm/Company

102 NE 2ND Street, Suite 274  
Address

Boca Raton, FL 33432  
City/State and Zip Code

Carol PSG1@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Via at (561) 445-8033  
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 605.0114 or 605.0116, 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: Physicians Surgical Group of Boca Raton LLC

2. (a) Physicians Surgical Group of Boca Raton

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

102 NE 2ND Street Suite 274  
Boca Raton FL 33432

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3. 3/15/16  
Date of filing/registration in Florida

4. L07000107350  
Document number

5. (a) Christopher Liva MGRM

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

40 SE 5th Street Suite 406

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 406  
Boca Raton FL 33432

(b) Carolyn Vira MGRM

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

102 NE 2nd Street

**NEW Registered Office Address:**

Suite 274  
Boca Raton FL 33432

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16 MAR 21 PM 2:16  
TALLAHASSEE, FLORIDA

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.

Caraleyn Vira

Signature of a member or authorized representative of a member

Carolyn Vira

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 605, 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.

Caraleyn Vira

Signature of Registered Agent