

L07000110773

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 28, 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RL THERAPY Group 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:

Randall Dean
Name of Person

RLTHERAPY Group LLC
Firm/Company

10524 Lake William Dr
Address

Ocala, FL 33556
City/State and Zip Code

RDean11@vericon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall Dean at (727) 4583667
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2009

RANDALL DEAN
RL THERAPY GROUP LLC
10524 LAKE WILLIAMS DR.
ODESSA, FL 33556

SUBJECT: RL THERAPY GROUP LLC
Ref. Number: L07000110773

We have received your document for RL THERAPY GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 709A00037316

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.

- 10524 Lake Williams Dr
Odessa, FL 33556

- 10524 Lake Williams Dr
Odessa, FL 33556

11/20/2007

L07000116773

- Spiegel & Uttera, P.A.C. - ~~RAVESH OUT~~

18405 W 22nd St ~~16322 OFF HIGHWAY RD RD~~
4th floor ~~MIAMI, FL 33156 RD~~
MIAMI, FL 33145

- Ballard Desn

10524 Lake Williams Dr

Odesa, FL 33556

Signature of a member or authorized representative of a member

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

2009 DEC 24 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA