

LO7000118073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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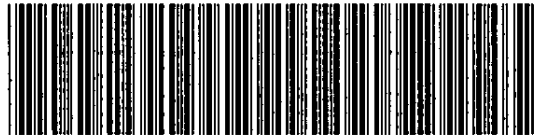
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Leary OCT 15 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IM Geriatrics GI 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:

Noreen Cotter

Name of Person

IM Geriatrics GI LLC

Firm/Company

5200 NW 43rd Street, Suite 102, #387

Address

Gainesville, Florida 32606

City/State and Zip Code

NoreenCotter@Gmail.com

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

For further information concerning this matter, please call:

Noreen Cotter

Name of Person

at (352) 328-1529

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: IM Geriatrics GI LLC

2. (a) Principal office address of limited liability company: _____

☒ (Note: **MUST BE STREET ADDRESS**)

2330 Southwest Williston Road, #2616
Gainesville, Florida 32608

(b) Mailing address of limited liability company: _____

☒ (Note: **MAY BE POST OFFICE BOX**)

2330 Southwest Williston Road, #2616
Gainesville, Florida 32608

November 20, 2007
3. Date of filing/registration in Florida

L07000118073
4. Document number

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

Registered Agent: Scott David Krueger

Registered Office Address: 2750 Northwest 43rd Street, Suite 201
Gainesville, Florida 32606

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

NEW Registered Agent: _____

NEW Registered Office Address: 5200 NW 43rd Street
(MUST BE FLORIDA STREET ADDRESS) Suite 102, #387
Gainesville, FL 32606

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.

Noreen A. Coker
Signature of a member or authorized representative of a member

Noreen A. Coker
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.

Signature of Registered Agent

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