

L07000125492

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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
10 JUL 26 PM 2:38

T. HAMPTON
JUL 27 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Platinum Select Nursing, 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:

Cori Kasten

Name of Person

Platinum Select Nursing, LLC

Firm/Company

551 North West 77th Street, Suite 114

Address

Boca Raton, FL 33487

City/State and Zip Code

ckasten@platinumselectnursing.com

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

For further information concerning this matter, please call:

Cori Kasten

Name of Person

at (561)

998-3211

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

RECEIVED

09 JUL 26 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 20, 2010

CORI KASTEN
551 NW 77TH ST
STE 114
BOCA RATON, FL 33487

SUBJECT: PLATINUM SELECT NURSING, LLC
Ref. Number: L07000125492

We have received your document for PLATINUM SELECT NURSING, 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):

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 010A00017587

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: Platinum Select Nursing, LLC

2. (a) Principal office address of limited liability company: 551 North West 77th Street, Suite 114



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

Boca Raton, FL 33487

(b) Mailing address of limited liability company:



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

551 North West 77th Street suite 114
Boca Raton, FL 33487

12/19/2007

L07000125492

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Cori Kasten

Registered Office Address:

7700 Congress Ave Suite 1121
Boca Raton, FL 33487

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

551 North West 77th Street, suite 114

Boca Raton, FL 33487

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.

Cori Kasten
Signature of a member or authorized representative of a member

Cori Kasten

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.

Cori Kasten
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 26 PM 2:00