

LD8000066228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

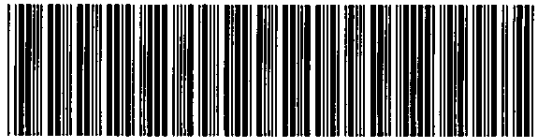
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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T. HAMPTON

JAN 16 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCT Laboratories, 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:

YING PANG LEE

(Name of Person)

HCT Laboratories, LLC

(Firm/Company)

6572 NW 99th Ave.

(Address)

Parkland, FL 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

YING PANG LEE

(Name of Person)

at (954) 254-1706

(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 JAN 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 7, 2009

YING PANG LEE
6572 NW 99TH AVE
PARKLAND, FL 33076

SUBJECT: HCT LABORATORIES, LLC
Ref. Number: L08000066228

We have received your document for HCT LABORATORIES, 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):

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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00000332

**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: HCT Laboratories, LLC

2. (a) Principal office address of limited liability company: 6572 NW 99 Ave.
Parkland, FL 33076
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 6572 NW 99 Ave
Parkland, FL 33076
(Note: MAY BE POST OFFICE BOX)

July 9, 2008
3. Date of filing/registration in Florida

L08000066228
4. Document number

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

Registered Agent:

Business Filings Incorporated

Registered Office Address:

1203 Governor's Square Blvd
Suite 101
Tallahassee, FL 32301-2960

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

NEW Registered Agent:

YING PANG LEE

NEW Registered Office Address:

6572 NW 99 Ave

(MUST BE FLORIDA STREET ADDRESS)

Parkland, FL 33076

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.

Ying Pang Lee
(Signature of a member or authorized representative of a member)

YING PANG LEE
(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.

Ying Pang Lee
(Signature of Registered Agent)

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