

LD8000069843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

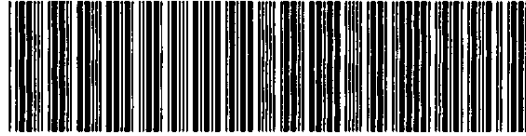
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D. BRUCE

SEP 16 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2010

CHRISTIAN ROMERO, PSY.D.  
3393 MAGIC OAK LN  
SARASOTA, FL 34232

SUBJECT: CHRISTIAN ROMERO, PSY.D. - LICENSED PSYCHOLOGIST;  
L.L.C.  
Ref. Number: L08000069843

We have received your document for CHRISTIAN ROMERO, PSY.D. - LICENSED PSYCHOLOGIST; L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct document number to match our records. See printout.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 710A00021390

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10 SEP 15 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Christian Romero Psy.D. Licensed Psychologist; L.L.C.  
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:

Christian Romero, Psy.D.  
Name of Person

Christian Romero Psy.D. Licensed Psychologist; L.L.C.  
Firm/Company

3393 Magic Oak Ln  
Address

Sarasota, FL 34232  
City/State and Zip Code

cromero0425@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Romero, Psy.D. at ( 941 ) 421-4084  
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

**FILED**  
10 SEP 15 PM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Christian Romero Psy.D. Licensed Psychologist

2. (a) Principal office address of limited liability company: 3393 Magic Oak Ln

☒ (Note: **MUST BE STREET ADDRESS**)

Sarasota, FL 34232

(b) Mailing address of limited liability company: 3393 Magic Oak Ln

☒ (Note: **MAY BE POST OFFICE BOX**)

Sarasota, FL 34232

07/18/2008

3. Date of filing/registration in Florida

4. Document number

108000068483-10800006843

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

Registered Agent:

Christian Romero, Psy.D.

Registered Office Address:

3402 Magic Oak Ln

Sarasota, FL 34232

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

**NEW Registered Agent:**

Christian Romero, Psy.D.

**NEW Registered Office Address:**

3393 Magic Oak Ln

**(MUST BE FLORIDA STREET ADDRESS)**

Sarasota, FL 34232

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.

Signature of a member or authorized representative of a member

CHRISTIAN ROMERO PSY.D.  
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.*

Signature of Registered Agent

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