

L08000070194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

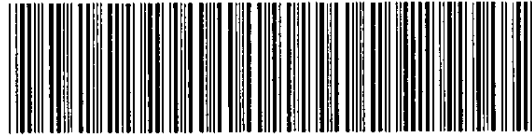
L08-70194

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
10 NOV -5 PM 2:42



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2010

RICHARD JP BASTIEN
5716 FARNSWORTH DRIVE
TALLAHASSEE, FL 32312

SUBJECT: DDSDMD LLC
Ref. Number: L08000070194

We have received your document for DDSDMD LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 410A00025386

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DDSDMD, 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:

Richard JP BAstien

Name of Person

DDSDMD, LLC

Firm/Company

5716 Farnsworth Dr.

Address

Tallahassee/Fl 32312

City/State and Zip Code

dr.richard.bastien@gmail.com

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

For further information concerning this matter, please call:

Richard JP Bastien

Name of Person

at (850)

566-2972

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: DDSDMD, LLC

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

☐ (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____

☒ (Note: **MAY BE POST OFFICE BOX**)

5716 Farnsworth Dr.

Tallahassee, FL 32312

July 22, 2008.

L08000070194

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:

Richard JP Bastien

Registered Office Address:

2533 Carthage Lane

Tallahassee, FL 32312

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

NEW Registered Agent:

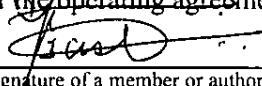
NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

5716 Farnsworth Drive

Tallahassee, FL 32312

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

RICHARD JP BASTIEN
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