

L08000075617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

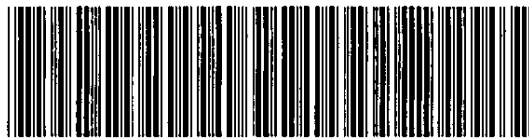
Special Instructions to Filing Officer:

**A. LUNT**

AUG 10 2009

**EXAMINER**

Office Use Only



100158670611

07/24/09--01031--027 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 AUG -7 AM 10:54

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2009

PAM LOWE  
1201 N. OLIVE AVE.  
WEST PALM BEACH, FL 33401

SUBJECT: COMPREHENSIVE BREAST SERVICES, LLC  
Ref. Number: L08000075617

We have received your document for COMPREHENSIVE BREAST SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 409A00026205

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Comprehensive Breast Services, LLC, Mr. Itzhak Shasha  
Name of Corporation

DOCUMENT NUMBER: L08000075617

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pam Lowe  
Name of Contact Person

Itzhak I. Shasha  
Firm/Company

1201 N. Olive Ave  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

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

For further information concerning this matter, please call:

Pam Lowe at (561) 655-4334  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Comprehensive Breast Services LLC

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



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

1201 N. Olive Ave.  
West Palm Beach, FL 33401

(b) Mailing address of limited liability company:



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

8-6-08

208000075817

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:

Comprehensive Breast Services Company

Registered Office Address:

1201 Hays St.  
Tallahassee, FL 32301

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

**NEW** Registered Agent:

Itzhak I. Shasha

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1201 N. Olive Ave.  
West Palm Beach, FL 33401  
, FL

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

Itzhak I. Shasha

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