

L08000692548

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DIVISION OF CORPORATIONS
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T. HAMPTON
JUN 14 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA CENTRAL OB-GYN, PLLC
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:

GEROME CLEEFORD BELIARD
Name of Person

Florida Central OB-GYN, PLLC
Firm/Company

8634 Whispering Willow Ct
Address

ORLANDO FL 32835
City/State and Zip Code

CBELIARD @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLEEFORD BELIARD at (407) 765 8638
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 14, 2010

GEROME CLEEFORD BELIARD
8634 WHISPERING WILLOW CT
ORLANDO, FL 32835

SUBJECT: FLORIDA CENTRAL OB-GYN, PLLC
Ref. Number: L08000092548

We have received your document for FLORIDA CENTRAL OB-GYN, PLLC 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.

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: 510A00009131

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: FLORIDA CENTRAL OB OYN PLLC
2. (a) Principal office address of limited liability company: Florida Central obayn
☒ (Note: **MUST BE STREET ADDRESS**) 8634 Whispering Willow Ct
Orlando FL 32835
- (b) Mailing address of limited liability company: Florida Central obayn LLC
☐ (Note: **MAY BE POST OFFICE BOX**) 8634 Whispering Willow Ct
Orlando FL 32835
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: Corporation Service Company
- Registered Office Address: 1201 NAYS STREET
TALLAHASSEE, FL 32301 US
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW** Registered Agent: GEROME ALEX CLEEFORD BELIARD
- NEW** Registered Office Address: 8634 Whispering Willow Ct
(MUST BE FLORIDA STREET ADDRESS) ORLANDO FL 32835

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

GEROME ALEX C. BELIARD

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

FILED
JUN 11 PM 5:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS