

LO8000093684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LO8-93684

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OK to file Ren. Simondree

Office Use Only



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06/29/09--01026--003 **25.00

FILED

09 JUL 31 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 30 2009

EXAMINER

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2009

SIMON LEE
1900 S OCEAN BLVD 11-5
POMPANO BEACH, FL 33062

SUBJECT: VOICE OF ANESTHESIA, LLC
Ref. Number: L08000093684

We have received your document for VOICE OF ANESTHESIA, 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):

Your information you have filed out on in section 5 does not match what we have in our records.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 109A00022656

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Voice of Anesthesia, 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:

Simon Lee

Name of Person

Voice of Anesthesia, LLC

Firm/Company

1900 S. Ocean Blvd #11-5

Address

Pompano Beach, FL 33062

City/State and Zip Code

sclee97@yahoo.com

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

For further information concerning this matter, please call:

Simon Lee

Name of Person

at (646) 924-7026

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: Vois of Anothesia, LLC

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



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

1900 S Ocean Blvd #11-5

Pompano Beach, FL 33062

(b) Mailing address of limited liability company: _____



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

SAME

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 HAYS STREET

TALLAHASSEE, FL 32301 US

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

NEW Registered Agent:

Simon Lee

NEW Registered Office Address:

1900 S Ocean Blvd #11-5

(**MUST BE FLORIDA STREET ADDRESS**)

Pompano Beach, FL 33062

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

Simon Lee

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