

LOS 000 015588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

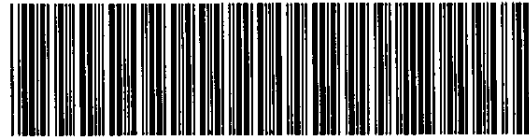
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800255152088

01/03/14--01004--004 **15.00

3571
14 JAN 30 PM 2:46
SECURITY DIV
TALLAHASSEE, FL 32304

J. Shivers JAN 31 2014

3571



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2014

ROBERT E BONE JR
701 W MAIN ST
LEESBURG, FL 34748

SUBJECT: PREMEAR HEARING CLINICS, LLC
Ref. Number: L09000015989

We have received your document for PREMEAR HEARING CLINICS, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00000459

ROBERT E. BONE JR., P.A.
ATTORNEY AT LAW

701 W. Main Street
Leesburg, Florida 34748
Phone. 352-315-0051
Fax. 352-326-0049

December 27, 2013

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: PREMEAR HEARING CLINICS, LLC
Ref. Number: L09000015989

Dear Sir or Madame:

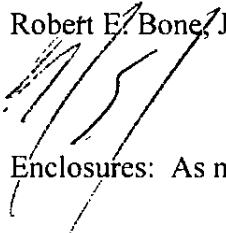
Please find enclosed the following documents for processing:

1. Registered Agent/Registered Office Change and filing fee w/Cover Letter;
2. Resignation of Registered Agent and filing fee w/Cover Letter;
3. Articles of Amendment and filing fee w/Cover Letter; and
4. Our check for \$75.00.

If you have any questions or concerns, please do not hesitate to contact me.

Thank you,

Robert E. Bone, Jr.



Enclosures: As noted

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMEAR HEARING CLINICS, 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:

ROBERT E. BONE JR.

Name of Person

THE BONE LAW FIRM

Firm/Company

701 W. MAIN STREET

Address

LEESBURG, FL. 34748

City/State and Zip Code

rbone@thebonelawfirm.com

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

For further information concerning this matter, please call:

ROBERT BONE

Name of Person

at (352) 315-0051

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: PREMEAR HEARING CLINICS, LLC

2. (a) Principal office address of limited liability company: 2559 POPLAR STREET
LEESBURG, FLORIDA 34748
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 2559 POPLAR STREET
LEESBURG, FLORIDA 34748
(Note: MAY BE POST OFFICE BOX)

FEBRUARY 17, 2009

L09000015989

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: WILLIAM B. MAHAN JR

Registered Office Address: 1011 S. 9TH STREET
LEESBURG, FLORIDA 34748

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

NEW Registered Agent: JEFFERY D. SMALT

NEW Registered Office Address: 2559 POPLAR STREET
(MUST BE FLORIDA STREET ADDRESS) LEESBURG, FL 34748

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

JEFFERY D. SMALT, MANAGING MEMBER

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