

L09000020781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

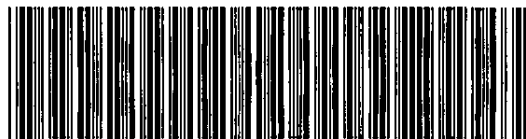
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sign

Office Use Only



700289363297

09/01/16--01004--028 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 19 PM 5:08

FILED

K. SALY
EXAMINER

SEP 20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2016

DAYTONA HEART GROUP
ROOSEVELT HARRIS
695 N CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

SUBJECT: DAYTONA HEART DELAND, LLC
Ref. Number: L09000020781

2016 SEP 19 PM 4:15
TALLAHASSEE, FLORIDA

We have received your document for DAYTONA HEART DELAND, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00018721

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAYTONA HEART DELAND, 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:

ROOSEVELT HARRIS

Name of Person

DAYTONA HEART GROUP

Firm/Company

695 N. CLYDE MORRIS BLVD.

Address

DAYTONA BEACH, FL. 32114

City/State and Zip Code

rharris @ daytonaheart.com

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

For further information concerning this matter, please call:

ROOSEVELT HARRIS

Name of Person

at (386)

258-8722

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 605.0114 or 605.0116, 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: DAYTONA HEART DELAND, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

695 N. CLYDE MORRIS BLVD.

695 N. CLYDE MORRIS BLVD.

DAYTONA BEACH, FL. 32114

DAYTONA BEACH, FL 32114

3/2/2009

L09000020781

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:

GORNTO, L.A. JR.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

44 SEABREEZE BLVD. STE. 200

DAYTONA BEACH, FL. 32118

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

GLENN H. RAYOS, MD

NEW Registered Office Address:

695 N. CLYDE MORRIS BLVD.

DAYTONA BEACH, FL. 32114

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

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 605, 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.

X _____
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2016 SEP 19 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA