

L09000033/22

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

DEC 29 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Revenue Recovery, 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:

Crystal Colangelo

Name of Person

Medical Revenue Recovery, LLC

Firm/Company

2153 NW 85th Way

Address

Coral Springs, FL 33071

City/State and Zip Code

crystalmr@yahoo.com

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

For further information concerning this matter, please call:

Crystal Colangelo

Name of Person

at (954)

605-4938

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

December 16, 2011

RECEIVED

11 DEC 28 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRYSTAL COLANGELO
MEDICAL REVENUE RECOVERY LLC
2153 NW 85TH WAY
CORAL SPRINGS, FL 33071

SUBJECT: MEDICAL REVENUE RECOVERY LLC
Ref. Number: L09000033122

We have received your document for MEDICAL REVENUE RECOVERY 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):

The new registered agent must sign accepting the designation.

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: 611A00028073

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: Medical Revenue Recovery, LLC

2. (a) Principal office address of limited liability company: Medical Revenue Recovery, LLC

(Note: MUST BE STREET ADDRESS)

214 West University Ave
Gainesville, FL 32601

(b) Mailing address of limited liability company: Medical Revenue Recovery, LLC

(Note: MAY BE POST OFFICE BOX)

214 West University Ave
Gainesville, FL 32601

04/06/2009

L09000033122

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:

Tom Colangelo

Registered Office Address:

Medical Revenue Recovery, LLC
214 West University Ave
Gainesville, FL 32601

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

NEW Registered Agent:

Crystal Colangelo

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Medical Revenue Recovery, LLC

2153 NW 85th Way

Coral Springs, FL 33071

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.

Crystal Colangelo
Signature of a member or authorized representative of a member

Crystal Colangelo

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.

Tom Colangelo
Signature of Registered Agent

Crystal Colangelo
Crystal Colangelo

FILING FEE: \$25.00