

L090000042236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. HAWKES

JUN 28 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Primary Wound Care Specialists
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:

Andy Castellanos
Name of Person

Primary Wound Care Specialists
Firm/Company

4960 S.W. 72 Ave Suite 310
Address

Miami, FL 33155
City/State and Zip Code

primarywcse@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andy Castellanos at (305) 753-4500
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

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: Primary Wound Care Specialists, LLC

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

☐ (Note: **MUST BE STREET ADDRESS**)

4960 SW. 72 Ave Suite 310
Miami, FL 33155

(b) Mailing address of limited liability company:

☐ (Note: **MAY BE POST OFFICE BOX**)

4960 SW 72 Ave Suite 310
Miami, FL 33155

3/2/10
3. Date of filing/registration in Florida

LO9000042236
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Belinda Castellanos

Registered Office Address:

8051 NW 128 Lane
Parkland, FL 33076

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

NEW Registered Agent:

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

4960 SW. 72 Ave Suite 310
Miami, FL 33155

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.

Andy Castellanos
Signature of a member or authorized representative of a member

Andy Castellanos
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.

Belinda Castellanos
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00