

LO9000047579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

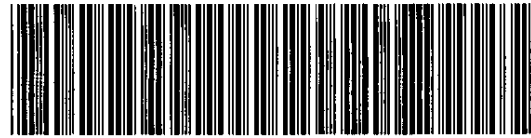
LO9-47579

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

SEP - 2 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DANA M. GOLDBERG MD, 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:

DANA M. GOLDBERG
Name of Person

DANA M. GOLDBERG MD, LLC
Firm/Company

641 UNIVERSITY BLVD UNIT 103
Address

JUPITER, FL 33458
City/State and Zip Code

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

For further information concerning this matter, please call:

Ryan Goldberg at (561) 312-5210
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2010

DANA M. GOLDBERG
641 UNIVERSITY BLVD. UNIT 103
JUPITER, FL 33458

SUBJECT: DANA M GOLDBERG MD LLC
Ref. Number: L09000047579

We have received your document for DANA M GOLDBERG MD LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 010A00019647

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: DANA M GOLDBERG MD. LLC

2. (a) Principal office address of limited liability company: 1500 NORTH DIXIE Highway
☐ (Note: MUST BE STREET ADDRESS) SUITE 304
WEST PALM BEACH, FL 33401

(b) Mailing address of limited liability company: 4344 ANTMAN ROAD
☐ (Note: MAY BE POST OFFICE BOX) NEW ALBANY, OH 43054

5/16/2009
3. Date of filing/registration in Florida

LD9000047579
4. Document number

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

Registered Agent: DANA M. GOLDBERG

Registered Office Address: 1500 N. DIXIE Highway
SUITE 304
WEST PALM BEACH, FL 33401

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

NEW Registered Agent: DANA M. GOLDBERG

NEW Registered Office Address: 641 UNIVERSITY BLVD
(MUST BE FLORIDA STREET ADDRESS) UNIT 103
JUPITER, FL 33458

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]
Signature of a member or authorized representative of a member

Dana M. Goldberg
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

FILED
SEP - 2 PM 12:55
TALLAHASSEE, FLORIDA
DIVISION OF STATE