

L090000061206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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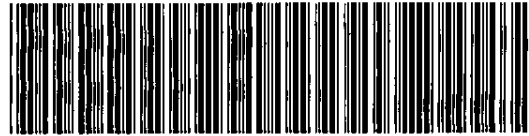
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 9 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fakhoury Medical and Chiropractic Center P.L.L.C
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:

Dr. Riadh Fakhoury
Name of Person

Fakhoury Medical and Chiropractic Center P.L.L.C
Firm/Company

1009 S.W. 17th St.
Address

Ocala, FL 34471
City/State and Zip Code

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

FILED
10 DEC - 8 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Esther Velazquez at (352) 351-3413 ext. 19.
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: Fakhoury Medical and Chiropractic Center P.L.L.C

2. (a) Principal office address of limited liability company: 1009 S.W. 17th St

(Note: **MUST BE STREET ADDRESS**)

Ocala, FL 34471

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 4428

Ocala, FL 34471

11/12/10
3. Date of filing/registration in Florida

LO9000061206
4. Document number

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

Registered Agent:

Corporation Services Company

Registered Office Address:

1201 Hay Street
Tallahassee, FL 32301

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

NEW Registered Agent:

MANAL FAKHOURY

NEW Registered Office Address:

3110 SE 17th Crt

(**MUST BE FLORIDA STREET ADDRESS**)

Ocala, FL 34471

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

Dr. Riadh Fakhoury
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2010

DR. RIADH FAKHOURY
1009 S.W. 17TH STREET
OCALA, FL 34471

SUBJECT: FAKHOURY MEDICAL AND CHIROPRACTIC CENTER, P.L.L.C.
Ref. Number: L09000061206

We have received your document for FAKHOURY MEDICAL AND CHIROPRACTIC CENTER, P.L.L.C. 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 document is illegible and not acceptable for imaging.

The registered agent must sign accepting the designation.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 310A00027514