

L0900008058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

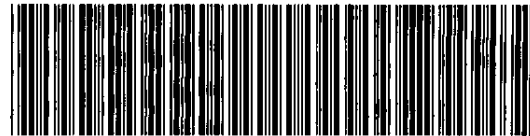
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

OCT 14 2010

EXAMINER



200185855292

10/13/10--01002--009 \*\*20.00

09/27/10--01034--001 \*\*35.00

FILED  
10 OCT 13 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2010

COLLEN DXIKOWSKI  
1560 SAWGRASS CORPORATE PKWY  
#400  
SUNRISE, FL 33323

SUBJECT: MDPO LLC  
Ref. Number: L09000080658

We have received your document for MDPO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6851.

Gina McLeod  
Regulatory Specialist II

Letter Number: 210A00023205

AS per our  
conversation  
I am sending a  
check for \$20  
for the cert  
copy/filing fee  
to add to already sent  
amount of \$15  
www.sunbiz.org

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MDPO 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:

Colleen DZIKOWSKI  
Name of Person

MDPO LLC  
Firm/Company

1560 Sawgrass Corp Pkwy #400  
Address

Sunrise FL 33323  
City/State and Zip Code

Colleenmarin@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Dzikowski (954) 297 8267  
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: MDPO LLC

2. (a) ☒ Principal office address of limited liability company: 1560 Sawgrass Corp

#400  
SUNRISE FL 33323  
(Note: **MUST BE STREET ADDRESS**)

(b) ☐ Mailing address of limited liability company: same

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

3. Date of filing/registration in Florida 08/20/2009

4. Document number L09000080658

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

Registered Agent: PATRICIA DEIKOWSKI

Registered Office Address: #400 1560 Sawgrass Corp  
SUNRISE FL 33323

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

**NEW Registered Agent:** Colleen Deikowski

**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)** #400 1560 Sawgrass Corp  
SUNRISE FL 33323

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.

Colleen Deikowski  
Signature of a member or authorized representative of a member

Colleen Deikowski  
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.

Colleen Deikowski  
Signature of Registered Agent

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

FILING FEE: \$25.00