

L09000095839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

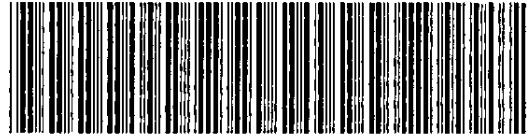
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11 MAY -5 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Romain Rehabilitation Center
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:

Guy Romain
Name of Person

Romain Rehabilitation Center
Firm/Company

11835 NW 13th Street
Address

Pembroke Pines FL 33026
City/State and Zip Code

blackdat1@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guy Romain at (954) 383-1366
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: Romain Rehabilitation Center

2. (a) Principal office address of limited liability company: 11835 N.W. 13th St

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

Pembroke Pines FL
33026

(b) Mailing address of limited liability company:

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

11835 NW 13th St
Pembroke Pines FL 33026

10/5/2009
3. Date of filing/registration in Florida

LO9000095839
4. Document number

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

Registered Agent:

Business Fillings Incorporated

Registered Office Address:

1203 Governor's Square Blvd
Suite 101
Tallahassee, FL 32301-2960 US

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

NEW Registered Agent:

Guy Romain

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

11835 NW 13th St
Pembroke Pines FL 33026

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

Guy Romain

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity and 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
11 MAY -5 PM 3:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE