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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 31 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Siperstein Dermatology  
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:

Robyn D. Siperstein, MD

Name of Person

Siperstein Dermatology

Firm/Company

347 N. New River Dr. E, #2811

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

doctorsip@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robyn Siperstein, MD

Name of Person

at ( 561 )

364-7774

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

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11 MAR 30 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Siperstein Dermatology

2. (a) Principal office address of limited liability company: 347 N New River Dr. E, #2811

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

Ft. Lauderdale, FL 33301

(b) Mailing address of limited liability company:

347 N. New River Rd. E, #2811

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

Ft. Lauderdale, FL 33301

OCTOBER 30, 2009  
3. Date of filing/registration in Florida

L 09000104935  
4. Document number

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

Registered Agent:

Registered Office Address:

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

**NEW Registered Agent:**

Siperstein, ROBYN

**NEW Registered Office Address:**

1700 W. Woolbright Rd., Suite 5

**(MUST BE FLORIDA STREET ADDRESS)**

Boynton Beach, FL 33426

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.

Robyn Siperstein  
Signature of an authorized representative of a member

Robyn Siperstein  
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.*

Robyn Siperstein  
Signature of Registered Agent

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

**FILING FEE: \$25.00**

FILED  
11 MAR 30 PM  
TALLAHASSEE, FL  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2011

ROBYN D. SIPERSTEIN, MD  
347 N. NEW RIVER DRIVE E #2811  
FT. LAUDERDALE, FL 33301

SUBJECT: SIPERSTEIN DERMATOLOGY LLC  
Ref. Number: L09000104935

We have received your document for SIPERSTEIN DERMATOLOGY LLC and your check(s) totaling \$25.00. 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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 411A00006745

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11 MAR 30 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA