

L10000001067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

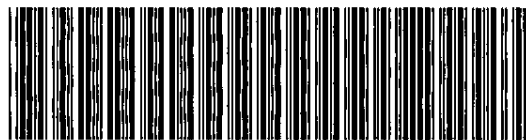
(Business Entity Name)

(Document Number)

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SECRETARY
DIVISION OF CORPORATE
15 JUN - 3 PM 12:36

JUN 4 2015
C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2014

DEBRA HERN CRNA, LLC
1 BEACH DRIVE SE UNIT 1301
ST PETERSBURG, FL 33701 US

SUBJECT: DEDRA HERN, CRNA, L.L.C.
Ref. Number: L10000001067

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

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 114A00016325

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

DEDRA HERN, CRNA 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:

DEDRA HERN

Name of Person

DEDRA HERN, CRNA LLC

Firm/Company

(MAILING
Address)

PO BOX 627

ST PETERSBURG FL 33731

Address

(Resident
Address)

7 BEACH DRIVE SE Unit 1301

ST PETERSBURG FL 33701

City/State and Zip Code

DEESEA-DATJUN@MAC.COM

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

For further information concerning this matter, please call:

DEDRA HERN

Name of Person

at (813) 215-4960

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

INHS18 (2/14)

\$35 check received / SENT previously
See Attached Letter

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: DEBRA HERN, CRNA LLC
2. (a) 1 Beach Drive SE Unit 1301 (b) PO Box 627
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
ST Petersburg FL 33701 ST Petersburg FL 33731
3. Date of filing/registration in Florida 4. Document number
L10000001067
5. (a) DEBRA HERN
~~Registered Agent and Registered Office shown on the records of the Florida Dept. of State:~~
1 Beach Drive SE Unit 1301
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ST Petersburg FL
33731
- (b) DEBRA HERN
Enter name of ~~NEW Registered Agent~~ and/or ~~NEW Registered Office address~~
1 Beach Drive SE Unit 1301
NEW Registered Office Address:
ST Petersburg FL 33701
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SECTION 601, CHAPTER 689, FLORIDA STATUTES

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

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 605, 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

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