

L10000 001 743

(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



400336452494

11/06/19--01017--004 **25.00

FILED
2019 DEC 20 PM 4:48
SECRETARY OF STATE
TALLAHASSEE FL 32310

Y SULKER

DEC 20 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2019

PASADENA CENTER FOR MEDICAL RESEARCH, LLC.
5454 CENTRAL AVE SUITE A
SAINT PETERSBURG, FL 33707-6129

SUBJECT: PASADENA CENTER FOR MEDICAL RESEARCH, LLC.
Ref. Number: L10000001743

We have received your document for PASADENA CENTER FOR MEDICAL RESEARCH, 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):

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 419A00024880

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pasadena Center for Medical Research
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:

Mohamed I. Ali Eltoum
Name of Person

Pasadena Center for Medical Research
Firm/Company

5454 Central Ave. Suite A
Address

Saint Petersburg, FL 33707-6129
City State and Zip Code

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

For further information concerning this matter, please call:

Mohamed I. Ali Eltoum 727 347-5242
Name of Person at 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 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: Pasadena Center for Medical Research

2. (a) Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

5454 Central Ave
Suite A, Saint Petersburg, FL 33707

(b) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

5454 Central Ave
Suite A, Saint Petersburg, FL 33707

3. 01/05/2010 Date of filing registration in Florida

4. L10000001743 Document number

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

Mohamed I. Ali

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5454 Central Ave, Suite A
Saint Petersburg, FL 33707

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

Mohamed I. Ali Eltoum

NEW Registered Office Address:

FL

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 changer(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.

Mohamed I. Ali Eltoum
Signature of a member or authorized representative of a member

Mohamed I. Ali Eltoum

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.

Mohamed I. Ali Eltoum
Signature of Registered Agent

FILED
2019 DEC 20 PM 4:08
SECRET
TALLAHASSEE, FL 32304