

L100000102051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

D. BRUCE

DEC 8 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2010

WILLIAM DALTON
3347 STATE ROAD 7, SUITE 203
WELLINGTON, FL 33449

SUBJECT: CARDIAC HEALTHY LIVING, LLC
Ref. Number: L10000002051

FILED
10 DEC 16 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CARDIAC HEALTHY LIVING, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 310A00028479

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cardiac Healthy Living, 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:

William Dalton

Name of Person

Cardiac Healthy Living, LLC

Firm/Company

3347 State Road 7, Suite 203

Address

Wellington, Florida 33449

City/State and Zip Code

william.dalton@cardiologypartnerspl.com

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

For further information concerning this matter, please call:

William Dalton

Name of Person

at (561)

793-6100

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

FILED
10 DEC 16 PM 4:09
CLERK 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: Cardiac Healthy Living, LLC

2. (a) Principal office address of limited liability company: 3347 State Road 7

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

Suite 203
Wellington, Florida 33449

(b) Mailing address of limited liability company: 3347 State Road 7

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

Suite 203
Wellington, Florida 33449

01/07/2010
3. Date of filing/registration in Florida

L10000002051
4. Document number

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

Registered Agent:

The Company Service Company

Registered Office Address:

1201 Hays Street
Tallahassee, FL 32301

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

NEW Registered Agent:

William Dalton

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

3347 State Road 7
Suite 203
Wellington, FL 33449

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.

William Dalton
Signature of a member or authorized representative of a member

William Dalton

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.

William Dalton
Signature of Registered Agent

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

FILING FEE: \$25.00