1000045205

(Re	questor's Name)	
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PICK-UP	WAIT	MAiL
(Business Entity Name)		
(Document Number)		
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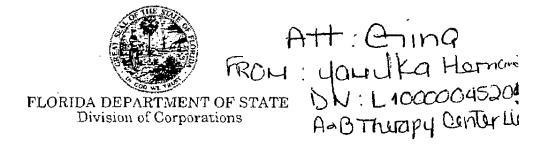
EXAMINER



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12 FEB - I AM II: 36



January 3, 2012

YAMILKA HERNANDEZ 3900 NW 79TH STE 714 MIAMI, FL 33166

SUBJECT: A & B THERAPY CENTER LLC Ref. Number: L10000045205

We have received your document for A & B THERAPY CENTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6851.

Gina McLeod Regulatory Specialist II

Letter Number: 912A00000028

www.sunbiz.org



COVER LETTER

TO: Amendment Section Division of Corporations **A&B THERAPY CENTER LLC** SUBJECT: Name of Corporation L10000045205 DOCUMENT NUMBER:____ The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HERNANDEZ, YAMILKA MS Name of Contact Person A&B THERAPY CENTER LLC Firm/Company 3900 NW 79TH SUITE 714 Address MIAMI FL 33166 City/State and Zip Code YOSBEL112@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HERNANDEZ, YAMILKA MS 305) 5598741 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address:

> P.O. Box 6327 Tallahassee, FL 32314

Amendment Section

Division of Corporations

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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, liability company submits the following statement in ordagent, or both, in the State of Florida.	.508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company:	3 Therapy lenter
2. (a) Principal office address of limited liability compar	ny: 3900 Nw 79 ave
(Note: MUST BE STREET ADDRESS)	#825 UTAMIFE 33160
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	3900 NW 79 OVC #825
3. Date of filing/registration in Florida	<u>L100CC045205</u> 4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	your ka Hamandez
Registered Office Address:	1251 5W 52 OVE Pantation FL 33317
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	
NEW Registered Agent:	yanilka Hernander
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ABTHERRY CINEY LLC 3900 NW 79 ave # 825 HIAMI FL 33166
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative tote erwise provided in the articles of organization
Signature of a member or authorized representative of a member	E M
Printed or typed name of signer	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further as the to roper and complete performance of my diffes, will be solved agent as provided for in a series a change in the registered office my has been notified in writing of this change.
Signature of Paristered Accest	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS (8 (05/08)