

L10000045205

(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

G. MCLEOD

FEB -2 2012

EXAMINER



400215623234

12/29/11--01020--003 **35.00

FILED
12 FEB -1 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Att: Gina
FROM: Yamilka Hernandez
DN: L10000045204
A & B Therapy Center LLC

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A&B THERAPY CENTER LLC
Name of Corporation

DOCUMENT NUMBER: L10000045205

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 at (305) 5598741
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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 608.508, 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: A & B Therapy Center

2. (a) Principal office address of limited liability company: 3900 NW 79 ave

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

#825
MIAMI FL 33166

(b) Mailing address of limited liability company:

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

3900 NW 79 ave
#825 MIAMI FL 33166
L10000045205

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Yanilka Hernandez

Registered Office Address:

1251 SW 52 ave
Panation FL 33317

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

NEW Registered Agent:

Yanilka Hernandez

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

A & B Therapy Center LLC
3900 NW 79 ave #825
MIAMI FL 33166

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 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.

Signature of Registered Agent

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

FILING FEE: \$25.00

NEW address
Mailing Address
ED
FEB - 1 AM 11:30
TALLAHASSEE, FL 32314