

L100000045587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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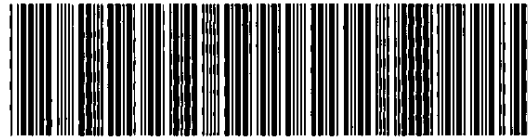
(Business Entity Name)

(Document Number)

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10 JUL 27 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 28 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Deanne Rife, DMD , 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:

Deanne M Rife

Name of Person

Deanne Rife, DMD

Firm/Company

5223 Avendia Navarra

Address

Sarasota, FL 34242

City/State and Zip Code

deannerifedmd@msn.com

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

For further information concerning this matter, please call:

Deanne Rife

Name of Person

at ( 941 )

349 -4666

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

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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: Deanne Rife,DMD,LLC

2. (a) Principal office address of limited liability company: 5223 Avenida Navarra

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

Sarasota, FL 34242

(b) Mailing address of limited liability company:

☒

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

5223 Avenida Navarra  
Sarasota, FL 34242

4/28/2010

L10000045587

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:

Deanne M Rife

Registered Office Address:

1011 Park Avenue North  
Winter Park, FL 32789

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

**NEW Registered Agent:**

Deanne M Rife

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

5223 Avenida Navarra

Sarasota, FL 34242

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.

X Deanne M Rife DMD

Signature of a member or authorized representative of a member

Deanne Rife, DMD

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.*

X Deanne M Rife DMD

Signature of Registered Agent

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

FILING FEE: \$25.00