

L10000078298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. J. BRYAN
JUL 19 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2011

LINDA L. CLARK
LLB-C - HEALTHCARE CONSULTING LLC
1693 MYSTIC WAY
THE VILLAGES, FL 32162

SUBJECT: LLB-C - HEALTHCARE CONSULTING LLC
Ref. Number: L10000078298

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for LLB-C - HEALTHCARE CONSULTING 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):

You completed the wrong form

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 711A00016291

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LLB-C- Healthcare Consulting 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:

LINDA L. CLARK
Name of Person

LLB-C Healthcare Consulting LLC
Firm/Company

1693 Mystic Way
Address

The Villages, FL 32162
City/State and Zip Code

lbravard_2000@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA L CLARK at (860) 884-9089
Name of Person 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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SECRETARY 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: LLB-C-Healthcare Consulting LLC
2. (a) Principal office address of limited liability company: 1693 Mystic Way
The Villages, FL 32162
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 1693 Mystic Way
The Villages, FL 32162
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 7/26/10
4. Document number: L10000078298

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

Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address:

13302 WINDING OAKS BLVD. Suite A-100
TAMPA, FL 33612

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

NEW Registered Agent:

LINDA L. CLARK

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1693 Mystic Way
The Villages
FL 32162

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.

Linda L. Clark
Signature of a member or authorized representative of a member

LINDA L. CLARK
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.

Linda L. Clark
Signature of Registered Agent

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

FILED
JUL 18 PM 3:30
TALLHASSEE, FLORIDA
SECRETARY OF STATE