

L10000132235

(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



900293873149

01/26/17--01021--007 **25.00

FILED

2017 MAY 31 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JUN -1 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2017

HL DIAGNOSTICS LLC
PAUL T LEHR
523 MICHIGAN AVE.
MIAMI BEACH, FL 33139

SUBJECT: HL DIAGNOSTICS, LLC
Ref. Number: L10000132235

We have received your document for HL DIAGNOSTICS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 117A00001842

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HL Diagnostics 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:

Paul T Lehr

Name of Person

HL Diagnostics LLC

Firm/Company

523 Michigan Ave

Address

Miami Beach, FL 33139

City/State and Zip Code

lehrassoc13@yahoo

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

For further information concerning this matter, please call:

Paul T Lehr

Name of Person

at (305) 623-0561

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

RECEIVED
MAY 31 PM 1:44
TALLAHASSEE, FLORIDA

OFFICE

KS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: HL Diagnostics LLC

2. (a) 523 Michigan Ave (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Miami Beach, FL 33139

3. 12/29/2010
Date of filing/registration in Florida

4. L10000/32235
Document number

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

222 South Pennsylvania Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ste 200

Winter Park, FL 32789

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

523 Michigan Avenue

NEW Registered Office Address:

Miami Beach, FL 33139

_____, FL _____

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.

Paul T. Lehr
Signature of a member or authorized representative of a member

Paul T. Lehr
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 605, 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.

Paul T. Lehr
Signature of Registered Agent

FILED
2017 MAY 31 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA