

L110000001890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

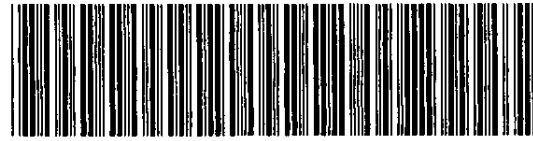
L11-1890

(Document Number)

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2013 MAR -5 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

N. Culligan MAR 5 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2013

ROOPA GANGA  
14561 EAGLE POINTE DRIVE  
CLEARWATER, FL 33762

SUBJECT: ROOPA GANGA, M.D. LLC  
Ref. Number: L11000001890

We have received your document for ROOPA GANGA, M.D. 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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 713A00004158

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROOPA GANGA MD 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:

ROOPA GANGA  
Name of Person

ROOPA GANGA MD LLC  
Firm/Company

14561 Eagle Pointe dr  
Address

Clearwater FL-33762  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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

**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: ROOPA GANGA MD LLC  
 2. (a) Principal office address of limited liability company: 5670 54<sup>th</sup> Ave N  
 (Note: **MUST BE STREET ADDRESS**) Kennett City, FL-33709

(b) Mailing address of limited liability company: 14561 Eagle Pointe dr  
 (Note: **MAY BE POST OFFICE BOX**) Clearwater FL-32768

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:

Registered Office Address:

ROOPA GANGA 515 PARKWAY  
Tallahassee FL-32301  
 FILED MAR-5 AM 11:00:00 1890

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

**NEW Registered Agent:**

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

ROOPA GANGA  
5670 54<sup>th</sup> Ave N  
Kennett City FL 33709

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

ROOPA GANGA  
 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 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