

211 000 010798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

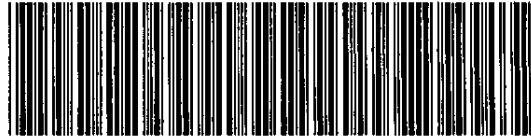
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDIVIDUALIZED MEDICINE, LLC (DOC #L11000010798)

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:

LARISA MALYKH, MD

Name of Person

INDIVIDUALIZED MEDICINE, LLC

Firm/Company

4812 INNISBROOK COURT SOUTH

Address

ELKTON, FL 32033

City/State and Zip Code

LMALYKH@BELLSOUTH.NET

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

For further information concerning this matter, please call:

LARISA MALYKH

904

226-8784

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 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: INDIVIDUALIZED MEDICINE, LLC

2. (a) LARISA MALYKH, MD

Principal office address of limited liability company:

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

4812 INNISBROOK COURT SOUTH

ELKTON, FL 32033

(b) INDIVIDUALIZED MEDICINE, LLC

Mailing address of limited liability company:

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

PO BOX 100

ELKTON, FL 32033

03/29/2018

L11000010798)

3. Date of filing/registration in Florida

4. Document number

5. (a) THE FARAH LAW GROUP

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6550 St. Augustine Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 103

Jacksonville, FL 32217

(b) LARISA MALYKH, MD

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

4812 INNISBROOK COURT SOUTH

NEW Registered Office Address:

ELKTON, FL 32033

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.

L. Malych
Signature of a member or authorized representative of a member

LARISA MALYKH, MD

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 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.

L. Malych
Signature of Registered Agent

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2018 APR 16 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA