

L11 0000 17103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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APR - 7 2011

EXAMINER

L11-17103

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 APR - 6 AM 59

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMARTHERAPY 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:

MARIA CECILIA MAURICIO  
Name of Person

SMARTHERAPY LLC  
Firm/Company

5190 NW 167th ST, ST 117  
Address

HI ALEAH, FL, 33014  
City/State and Zip Code

COMMUNITE @GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHAMILE ROSA at (305) 807 4217  
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

2011 APR -6 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: SMARTHERAPY LLC
2. (a) Principal office address of limited liability company: 5190 NW 167th ST  
SUITE 117  
HALEAH, FL, 33014  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 5190 NW 167th ST  
SUITE 117  
HALEAH, FL, 33014  
(Note: **MAY BE POST OFFICE BOX**)
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: MARIA C. MAURICIO  
Registered Office Address: 671 NW 172 terrace  
Pembroke Pines, FL, 33029
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** \_\_\_\_\_  
**NEW Registered Office Address:** 5190 NW 167th ST  
SUITE 117  
HALEAH, FL, 33014  
(**MUST BE FLORIDA STREET ADDRESS**)

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

MARIA CECILIA MAURICIO  
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**