

L11000038366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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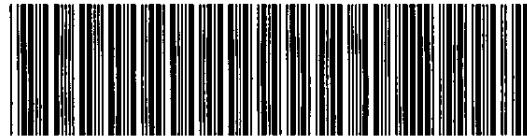
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 12 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L & G Therapy, 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:

Guina Senan Leon

Name of Person

L & G Therapy, LLC

Firm/Company

130 SW 52 PL

Address

Miami / FL 33134

City/State and Zip Code

guina_s@hotmail.com

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

For further information concerning this matter, please call:

Guina Senan Leon

Name of Person

at (786) 471-9237

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 NOV -8 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 23, 2013

GUINA SENAN LEON
130 SW 52 PL
MIAMI, FL 33134

SUBJECT: L & G THERAPY, LLC
Ref. Number: L11000038366

We have received your document for L & G THERAPY, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 113A00024697

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: L & G Therapy, LLC

2. (a) Principal office address of limited liability company: 130 SW 52 PL Miami FL 33134
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 130 SW 52 PL Miami FL 33134
(Note: **MAY BE POST OFFICE BOX**)

10/16/2013

L11000038366

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: Guina Senan Leon

Registered Office Address: 130 SW 52 PL Miami FL 33134

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

NEW Registered Agent: Guina Senan Leon

NEW Registered Office Address: 5755 W. Flagler St. Suite-205 Miami
(**MUST BE FLORIDA STREET ADDRESS**)

,FL 33144

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.

Guina Senan Leon
Signature of a member or authorized representative of a member

Guina Senan Leon
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.

Guina Senan Leon
Signature of Registered Agent

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