

L11000040859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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D. BRUCE

DEC 06 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2011

ANNA R TALERICO  
4040 GALT OCEAN DR.  
FT. LAUDERDALE, FL 33308

SUBJECT: JATARO MEDICAL, LLC  
Ref. Number: L11000040859

We have received your document for JATARO MEDICAL, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 511A00022293

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jatara Medical  
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:

Anna R Talerico  
Name of Person

Jatara Medical  
Firm/Company

4040 Galt Ocean Dr.  
Address

Ft lauderdale, FL 33308  
City/State and Zip Code

anna@jatara.com  
E-mail address: (to be used for future annual report notification)

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11 DEC -5 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Anna Talerico at (954) 607-7714  
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: Sataro Medical  
2. (a) Principal office address of limited liability company: 4040 Galt Ocean Dr  
Ft Lauderdale, FL  
33308  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: same as above  
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 5 APR 2011  
4. Document number: 111000040859

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: AKTAL 11-24-11  
Registered Agent: Corporation Service Company  
Registered Office Address: 1201 Hayes St  
Tallahassee, FL  
32301 U.S.  
Wilmington, DE  
19808

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

**NEW Registered Agent:** Anna R Talerico  
**NEW Registered Office Address:** 4040 Galt Ocean Dr.  
**(MUST BE FLORIDA STREET ADDRESS)** Suite 428  
Ft Lauderdale, FL 33308

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.

AKTAL  
Signature of a member or authorized representative of a member

Anna R Talerico  
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.

AKTAL  
Signature of Registered Agent

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