

L11000109851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

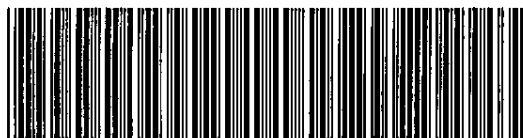
Special Instructions to Filing Officer:

**A. LUNT**

JAN - 3 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 6, 2011

FABIO DURAN  
11183 S. ORANGE BLOSSON TRAIL 204 G  
ORLANDO, FL 32837

SUBJECT: FLORIDA ACCIDENT CARE, LLC  
Ref. Number: L11000109851

We have received your document for FLORIDA ACCIDENT CARE, 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 611A00027313

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA ACCIDENT CARE, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L11000109851

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FABIO DURAN  
Name of Contact Person

FLORIDA ACCIDENT CARE, LLC  
Firm/Company

11183 S ORANGE BLOSSOM TRAIL, 204 G  
Address

ORLANDO, FL 32837  
City/State and Zip Code

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

For further information concerning this matter, please call:

FABIO DURAN at (407) 558-0921  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2011 DEC 29 AM 11:04  
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: FLORIDA ACCIDENT CARE

2. (a) Principal office address of limited liability company: \_\_\_\_\_

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

11183 S. ORANGE BLOSSOM TRAIL,  
STE 204 G  
ORLANDO, FL 32837

(b) Mailing address of limited liability company: \_\_\_\_\_

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

11183 S. ORANGE BLOSSOM TRAIL,  
STE 204 G  
ORLANDO, FL 32837

3. Date of filing/registration in Florida

09/26/2011

4. Document number → L11000109851

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

LEONARDO MORILLO

Registered Office Address:

11183 S. ORANGE BLOSSOM TRAIL  
STE 204 G  
ORLANDO, FL 32837

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

**NEW** Registered Agent:

FABIO DURAN

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

11183 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL ste 204 G  
32837

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

FABIO DURAN

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SEP 29 AM 09:04

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