

U12 00000 1431

(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:

Office Use Only



100253967701

12/23/13--01014--016 **25.00

FILED
2013 DEC 23 PM 4:04
STATIONERY DEPT
FBI - MEMPHIS

JAN 16 2014
T CLINE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2013

CESAR VAZQUEZ
10355 SW 159 CT
MIAMI, FL 33196

SUBJECT: CVC MEDICAL SOLUTION, LLC
Ref. Number: L12000001431

We have received your document for CVC MEDICAL SOLUTION, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 113A00029284

2013 DEC 23 PM 4: 04

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CVC Medical Solution
(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:

Cesar Vazquez
(Name of Person)

CVC Medical Solution
(Firm/Company)

10355 Sw 159 CT
(Address)

Miami/FL 33196
(City/State and Zip Code)

FILED
2013 DEC 23 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cesar Vazquez at (786) 473-7796
(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: CVC Medical Solution

2. (a) Principal office address of limited liability company: 10355 SW 159 CT
(Note: **MUST BE STREET ADDRESS**) Miami FL 33196

(b) Mailing address of limited liability company: 10355 SW 159 CT
(Note: **MAY BE POST OFFICE BOX**) Miami FL 33196

January 4, 2012 L12000001431

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: The Company Corporation

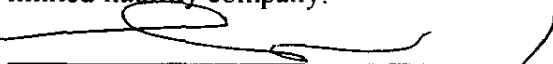
Registered Office Address: 2711 Centerville Road
Wilmington, DE 19808

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

NEW Registered Agent: Marbelia Gomez

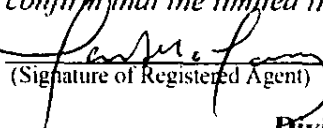
NEW Registered Office Address: 10355 SW 159 CT
(**MUST BE FLORIDA STREET ADDRESS**) Miami, FL 33196

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)

Cesar Vazquez
(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)