

L12000043084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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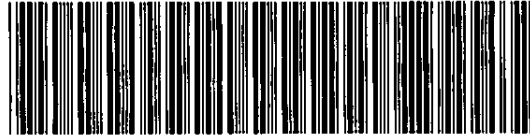
(Business Entity Name)

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N. Culligan AUG - 4 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Larkin Community Hospital II, 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:

Jack S. Michel

Name of Person

Larkin Community Hospital

Firm/Company

7031 SW 62 Ave

Address

South Miami Florida 33143

City/State and Zip Code

j.michel@larkinhospital.com

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

For further information concerning this matter, please call:

Jack S. Michel

Name of Person

at (786) 200-6510

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
15 AUG -3 PM 3: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 20, 2015

JACK J MICHEL, MD
7031 S.W. 62ND AVENUE
SOUTH MIAMI, FL 33143

SUBJECT: LARKIN COMMUNITY HOSPITAL II, LLC
Ref. Number: L12000043084

We have received your document for LARKIN COMMUNITY HOSPITAL II, 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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 015A00015104

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Larkin Community Hospital II, LLC

2. (a) 7031 SW 62 Ave South Miami FL 33143 (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3. 03/28/2012 Date of filing/registration in Florida 4. L12000043084 Document number

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

777 Brickell Ave. Suite 1200
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

777 Brickell Ave, Suite 1200
Miami, FL 33131

(b) Jack J. Michel MD
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7031 SW 62 Ave
NEW Registered Office Address:

South Miami, FL 33143

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

Jack J. Michel
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 605, 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