

L12000047198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

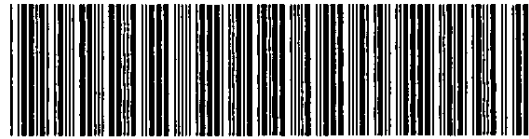
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EXAMINER



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07/11/12--01003--028 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 11 PM 3:30

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DMD RETAIL, LLC / EIN 45-4982707
Name of Corporation

DOCUMENT NUMBER: L12000047198

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:

ELIZABETH STEWARD

Name of Contact Person

DMD RETAIL, LLC

Firm/Company

15570 MEADOW WOOD DRIVE

Address

WELLINGTON, FL 33414

City/State and Zip Code

esteward@prescriptionsplus.com

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

For further information concerning this matter, please call:

Elizabeth Steward

Name of Contact Person

at **(561) 795-9806x258**

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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS ⁶⁰⁸LLCs

Pursuant to the provisions of sections ~~607.0502, 617.0502, 607.1508~~, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DMD RETRAIL, LLC
2. The principal office address: 213 SOUTHERN BOULEVARD
WEST PALM BEACH FL 33405
3. The mailing address (if different): 15570 MEADOW WOOD DRIVE
WELLINGTON, FL 33414
4. Date of incorporation/qualification: 4/1/2012 Document number: L12000047198
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

STEVEN A. THUSS

14508 LARKSPUR LANE

WELLINGTON FL 33414

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SAMIR KOLTA

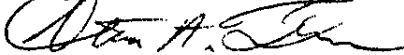
11890 Brier Patch Court

P.O. Box NOT acceptable

Wellington, FL 33414

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

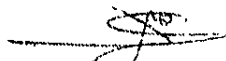


Signature of an officer or director

Steven A. Thuss

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

7/9/2012

Date

If signing on behalf of an entity:

Samir Kolta

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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