

# L12000/00680

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAR 23 PM 2:28

MAR 24 2015  
T. CARTER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Delta Surgical Supply 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:

Ederit Ortiz

Name of Person

Delta Surgical Supply II, LLC

Firm/Company

13453 NW 5th Place

Address

Plantation FL 33325

City/State and Zip Code

SALES@DELTA SURGICAL SUPPLY.COM

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

For further information concerning this matter, please call:

Ederit Ortiz

Name of Person

at (877) 250-2616

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

March 10, 2015

EBERT ORTIZ  
DELTA SURGICAL SUPPLY II, LLC  
PO BOX 552042  
FORT LAUDERDALE, FL 33355 US

SUBJECT: DELTA SURGICAL SUPPLY II, LLC  
Ref. Number: L12000100680

We have received your document for DELTA SURGICAL SUPPLY 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 315A00004876

15 MAR 23 PM 3:47

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Delta Surgical Supply, II, LLC

2. (a) Irene M. Rodriguez

Principal office address of limited liability company:

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

13453 NW 5th Place  
Plantation FL 33325

(b) \_\_\_\_\_

Mailing address of limited liability company:

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

PO Box 552042  
FT. LAUDERDALE, FL 33355

3. AUG 06, 2012  
Date of filing/registration in Florida

4. L1200100680  
Document number

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

13453 NW 5th Place

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation FL 33325

\_\_\_\_\_, FL

(b) EDERT ORTIZ

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

**NEW Registered Office Address:**

13453 NW 5th PLACE

PLANTATION, FL 33325

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAR 23 PM 2:28