

L120000106077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 12 PM 3:20

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2013

VOLODYMYR MEDVID
FOUR WAYS MEDICAL TRANSPORTATION, LLC
1400 N.W. 9TH AVENUE, APT. 12
BOCA RATON, FL 33486

SUBJECT: FOUR WAYS MEDICAL TRANSPORTATION, LLC
Ref. Number: L12000106077

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13 MAR 12 PM 3:20
TALLAHASSEE, FLORIDA

We have received your document for FOUR WAYS MEDICAL TRANSPORTATION, 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 company cannot be its own registered agent. Please designate either an individual person with a Florida street address, or another company registered with the Florida Division of Corporations that has a Florida street address.

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.

Buck Kohr
Regulatory Specialist II

Letter Number: 013A00003993

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Four Ways Medical Transportation, 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:

Volodymyr Medvid

Name of Person

Four Ways Medical Transportation, LLC

Firm/Company

1400 NW 9th Ave, Apt 12

Address

Boca Raton, FL 33486

City/State and Zip Code

fourwaysmedical@gmail.com

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

For further information concerning this matter, please call:

Volodymyr Medvid

Name of Person

at (305) 924-3973

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

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13 MAR 12 PM 3:20
TALLAHASSEE, FLORIDA

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: Four Ways Medical Transportation, LLC

2. (a) Principal office address of limited liability company: 1400 NW 9th Ave, Apt 12
Boca Raton, FL 33486
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 1400 Nw 9th Ave, Apt 12
Boca Raton, FL 33486
(Note: MAY BE POST OFFICE BOX)

08-17-2012

L12000106077

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:

Corporation Service Company

Registered Office Address:

1201 Hays Street
Tallahassee, FL 32301

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

NEW Registered Agent:

Vladimir Molotievskiy

NEW Registered Office Address:

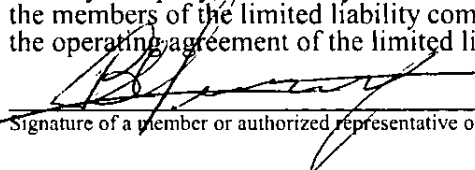
(MUST BE FLORIDA STREET ADDRESS)

1400 NW 9th Ave

Apt 12

Boca Raton, FL 33486

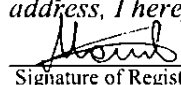
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Volodymyr Medvid

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.

 Vladimir Molotievskiy
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00