

- 2130000 18066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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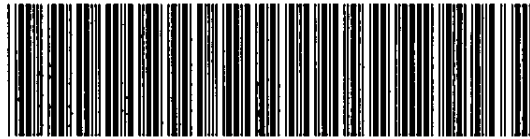
(Business Entity Name)

(Document Number)

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2016 JUN 21 AM 7:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2016

PAUL DAVIES  
300 S POINTE DR UNIT 904  
MIAMI BEACH, FL 33139-3

SUBJECT: MEDICAL MANAGEMENT SOLUTIONS, LLC  
Ref. Number: L13000018066

We have received your document for MEDICAL MANAGEMENT SOLUTIONS, 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):

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 the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 616A00010724

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Medical Management Solutions, LLC

Name of Corporation

**DOCUMENT NUMBER:** L13000018066

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:

Paul W. Davies

Name of Contact Person

Medical Management Solutions, LLC

Firm/Company

300 South Pointe Drive Unit #904

Address

Miami Beach, FL 33139

City/State and Zip Code

pwdavies1@gmail.com

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

For further information concerning this matter, please call:

Paul W. Davies

Name of Contact Person

at ( 443 ) 758-7379

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

**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: Medical Management Solutions, LLC
2. (a) Medical Management Solutions, LLC (b) Medical Management Solutions, LLC  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
300 South Pointe Drive Unit #904 300 South Pointe Drive Unit #904  
Miami Beach, FL 33139 Miami Beach, FL 33139
3. 6/29/2013 Date of filing/registration in Florida 4. L13000018066 Document number

5. (a) Paul W. Davies  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

100 South Pointe Drive Unit #701

Miami Beach, FL 33139

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

NEW Registered Office Address:

300 South Pointe Drive Unit #904

Miami Beach, FL 33139

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TALLAHASSEE, FLORIDA

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.

Paul W. Davies

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