

L1300033680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

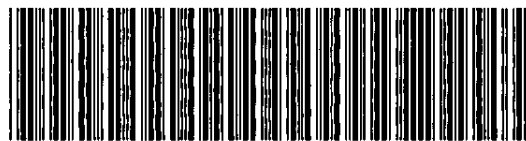
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Lc
RIA Chg

JUN 26 2014

R. WHITE

14 JUN 26 PM 1:43
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2014

*Correct Forms
attached*

SARAH SNEATH
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32174

SUBJECT: CELEBRATION SURGICAL MANAGEMENT ASSOCIATES, LLC
Ref. Number: L13000033680

We have received your document for CELEBRATION SURGICAL MANAGEMENT ASSOCIATES, 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):

You have submitted the wrong form.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 814A00011593

*Check was not returned to us.
The fee for LLCs is different
than Corporations.*

Sarah Sneath

Thank You

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Celebration Surgical Management Associates, 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:

Sarah Sneath
Name of Person

Adventist Health System
Firm/Company

900 Hope Way
Address

Altamonte Springs, FL 32714
City/State and Zip Code

Sarah.Sneath@ahss.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Sneath at (407) 357-2333
Name of Person 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

**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: Celebration Surgical Management Associates, LLC

2. (a) 410 Celebration Place
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) _____
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Suite 300
Celebration, FL 34747

3. 3/4/2013
Date of filing/registration in Florida

4. L13000033680
Document number

5. (a) Levin, Laurie, Esq.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2400 Bedford Road
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

Orlando, FL 32803

(b) Laurie Levin, Esq.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

550 E. Rollins Street
NEW Registered Office Address:

Orlando, FL 32803

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]
Signature of a member or authorized representative of a member

Ariel DePrada, Assist. Sec.
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]
Signature of Registered Agent