

L1300000 44Z36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

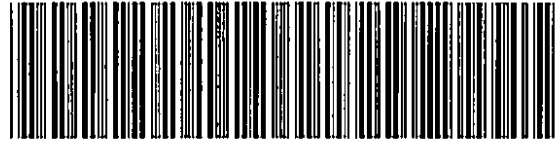
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000336037470

10/31/19--01005--022    ••25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 OCT 31 AM 9:20

FILED

Y SULTER

NOV 26 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRESCENT BEACH CARE, 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:

ADRIAN S LONG, MD  
Name of Person

CRESCENT BEACH CARE, LLC  
Firm/Company

6573 A1A SOUTH  
Address

ST. AUGUSTINE, FL 32080  
City/State and Zip Code

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

For further information concerning this matter, please call:

GAIL E ANDREWS, ESQ. at (904) 471-0553  
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

