

L14000054383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 24 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2015

SABAH SELLI GURLEY
2774 PEBBLERIDGE COURT
ORANGE PARK, FL 32065

SUBJECT: FLORIDA PHLEBOTOMY, LLC
Ref. Number: L14000054383

We have received your document for FLORIDA PHLEBOTOMY, 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):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 215A00016488

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA PHLEBOTOMY, 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:

SABAH SELLI GURLEY

Name of Person

FLORIDA PHLEBOTOMY, LLC

Firm/Company

2774 PEBBLERIDGE COURT

Address

ORANGE PARK, FL 32065

City/State and Zip Code

MGURLEY1990@COMCAST.NET

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

For further information concerning this matter, please call:

SABAH SELLI GURLEY

904

551-8390

at ()

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: FLORIDA PHLEBOTOMY, LLC

2. (a) 2647 Oak Haven Drive (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company

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

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

2647 Oak Haven Drive

Middleburg, FL 32068

April 03, 2014

L14000054383

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPOATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 HAYS STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 HAYS STREET

TALLAHASSEE, FL 32301

(b) SABAH SELLI GURLEY

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

NEW Registered Office Address:

2774 PEBBLERIDGE COURT

ORANGE PARK, FL 32065

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

Sabah Selli Gurley
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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA