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TALLAHASSEE, FLORIDA

S Warren  
AUG 30 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2016

W. EARL WILLIAMS, JR  
500 SOUTH DIXIE HIGHWAY, SUITE 202  
CORAL GABLES, FL 33146

SUBJECT: INTERNATIONAL MEDICAL SUPPLY AND EQUIPMENT, LLC  
Ref. Number: L14000166308

We have received your document for INTERNATIONAL MEDICAL SUPPLY AND EQUIPMENT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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 Warren  
Regulatory Specialist II

Letter Number: 816A00016644

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INTERNATIONAL MEDICAL SUPPLY AND EQUIPMENT, 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:

W. EARL WILLIAMS, JR. c/o CARLOS GARCIA  
Name of Person

INTERNATIONAL MEDICAL SUPPLY AND EQUIPMENT, LLC  
Firm/Company

500 S DEXIE HWY. SUITE 202  
Address

CORAL GABLES, FL. 33146  
City/State and Zip Code

EARL.WILLIAMS@IMSEUSA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EARL WILLIAMS at (305) 775-5955  
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: INTERNATIONAL MEDICAL SUPPLY & EQUIPMENT, LLC
2. (a) 500 SOUTH DIXIE HIGHWAY, SUITE 202 (b) 500 SOUTH DIXIE HIGHWAY, SUITE 202  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
CORAL GABLES, FL 33146 CORAL GABLES, FL 33146

3.                      Date of filing/registration in Florida 4.                      Document number

5. (a) W. EARL WILLIAMS, JR.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6000 COLLINS AVE #307  
MIAMI BEACH, FL 33140

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

NEW Registered Office Address:

500 SOUTH DIXIE HIGHWAY SUITE 202  
CORAL GABLES, FL 33146

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.

W. Earl Williams, Jr.  
Signature of a member or authorized representative of a member

W. EARL WILLIAMS, JR.  
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.

W. Earl Williams, Jr.  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA