

L14000186939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

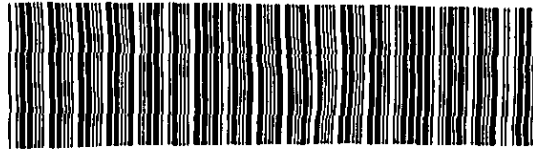
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FILED
JAN 25 PM 3:44
TALLAHASSEE, FLORIDA

JAN 28 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 JAN 25 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 12, 2016

DR ROBERT M HECHT
1208 PALM TRAIL
DELRAY BEACH, FL 33445⁸³

SUBJECT: RM HECHT MEDICAL CONSULTING LLC
Ref. Number: L14000186939

We have received your document for RM HECHT MEDICAL CONSULTING 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):

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 816A00000744

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RM Hecht Medical Consulting 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:

Dr. Robert M. Hecht
Name of Person

RM Hecht Medical Consulting LLC
Firm/Company

1208 Palm Trail
Address

Delray Beach, FL 33483
City/State and Zip Code

rmhechtmd@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Robert M. Hecht at (845) 642-5001
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: RM HECHT Medical Consulting LLC

2. (a) 1208 Palm Trail, Delray Beach FL 33483 (b) Same
Principal office address of limited liability company: 33483 Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 12/5/14 Date of filing/registration in Florida 4. L14000186939 Document number

5. (a) C.T. Corporation System
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b) Adrienne Foster
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6365 NW 6th Way, Ste. 220
NEW Registered Office Address:

Ft. Lauderdale, FL 33309

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.

nm Signature of a member or authorized representative of a member De. Robert H. Hecht 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.

Adrienne Foster
Signature of Registered Agent Adrienne Foster

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