

L15000038196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

SEP 01 2015
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2015

KRISHNA KASTURI
10502 SPRING HILL DR
SPRING HILL, FL 34609

SUBJECT: KRISHNA KASTURI, MD, LLC
Ref. Number: L15000038196

We have received your document for KRISHNA KASTURI, MD, 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 115A00017129

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRISHNA KASTURI MD 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:

KRISHNA KASTURI

Name of Person

KRISHNA KASTURI MD LLC

Firm/Company

10502 SPRING HILL DR

Address

SPRING HILL, FL - 34608

City/State and Zip Code

KASTURI639@YAHOO.COM

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

For further information concerning this matter, please call:

KRISHNA KASTURI at (409) 392 3549

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

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TALLAHASSEE, FLORIDA

**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: KRISHNA KASTURI MD LLC
2. (a) 10502 SPRING HILL DR (b) 10502 SPRING HILL DR
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
SPRING HILL, FL - 34608 SPRING HILL, FL - 34608
3. MARCH 02, 2015 4. L15000038196
Date of filing/registration in Florida Document number
5. (a) KRISHNA KASTURI
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13267 LINZIA LN
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SPRING HILL, FL - 34609
_____, FL _____
- (b) KRISHNA KASTURI
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
10502 SPRING HILL DR
NEW Registered Office Address:
SPRING HILL, FL - 34608
_____, FL _____

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TALLAHASSEE, FLORIDA

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 of a member or authorized representative of a member

KRISHNA S. KASTURI
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 of Registered Agent