

L15000134412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

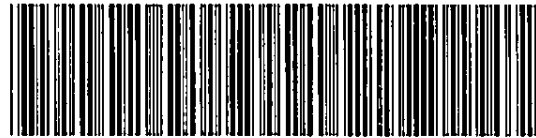
(Business Entity Name)

(Document Number)

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9/26/17

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17 SEP 25 AM 7:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2017

WILLIAM A. GREIDER DMD  
9292 BRENO DR.  
FT MYERS, FL 33913 US

SUBJECT: NORTH CAPE DENTAL ASSOCIATES, LLC  
Ref. Number: L15000134412

We have received your document for NORTH CAPE DENTAL ASSOCIATES, 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 form you submitted is for a FL CORPORATION, but your entity is a FL LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 017A00017661

2017 SEP 25 PM 2:01

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NORTH CAPE DENTAL ASSOCIATES, 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:

WILLIAM A. GREIDER  
Name of Person

NORTH CAPE DENTAL ASSOCIATES, LLC.  
Firm/Company

9292 BEND DRIVE  
Address

FORT MEERS, FL 33913  
City/State and Zip Code

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

For further information concerning this matter, please call:

WILLIAM GREIDER at ( 239 ) 222-2919  
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: NORTH CAPE DENTAL ASSOCIATES, LLC.
2. (a) \_\_\_\_\_ (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)  
2481 DEL PRADO BLVD N. SUITE 114 2481 DEL PRADO BLVD N. SUITE 114  
CAPE CORAL, FL 33909 CAPE CORAL, FL 33909
3. 08/06/2015 4. L15600 13 4412  
Date of filing/registration in Florida Document number
5. (a) United States Corporation Agents, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 WINDING COURT A  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
TAMPA, FL 33612
- (b) William A. Greider DAD  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
9292 BRENO DR  
FT MYERS, FL 33913  
NEW Registered Office Address:

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SECRETARY OF STATE  
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]  
Signature of a member or authorized representative of a member

William A. Greider  
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