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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0945

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
SUNSHINE SURGICAL AND WOUND CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 AUG 22 AM 11:49
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AUG 23 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE SURGICAL AND WOUND CARE, 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:

Laura Marriot

Name of Person

SUNSHINE SURGICAL AND WOUND CARE, LLC

Firm/Company

222 N Sepulveda Blvd Suite 2175

Address

El Segundo, CA 90245

City/State and Zip Code

laura@advantagewoundcare.org

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

For further information concerning this matter, please call:

Beau Beduze

at (713)

332-3776

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 327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INTS18 (2/14)

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: SUNSHINE SURGICAL AND WOUND CARE, LLC
2. (a) 4800 T-REX AVENUE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2ND FLOOR
BOCA RATON, FL 33431
09/04/2015
- (b) 4800 T-REX AVENUE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2ND FLOOR
BOCA RATON, FL 33431
1.15000152386
3. Greenspoon Marder, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
200 East Broward Blvd.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 1800
Ft. Lauderdale, FL 33301
4. Document number
5. (a) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324
- (b) 17 AUG 22 AM 10:49
FILED
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.

Ranae McGraw
Signature of a member or authorized representative of a member

Laura Marriott
Printed or typed name of signer

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.

By: C T Corporation System
Denise Bell

Signature of Registered Agent

Denise Bell, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)