

L15000 169642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

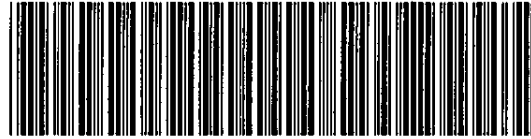
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 19 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2016

EDUARDO MARQUEZ
1835 NE MIAMI GARDENS DR SUITE 190
N MIAMI BEACH, FL 33179

SUBJECT: ALL STATES MEDICAL EQUIPMENT DISTRIBUTION LLC
Ref. Number: L15000169642

We have received your document for ALL STATES MEDICAL EQUIPMENT DISTRIBUTION 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 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) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 616A00002619

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All States Medical Equipment Distribution, 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:

EDUARDO L. MARQUEZ

Name of Person

ALL STATES MED

Firm/Company

1835

~~1835~~ NE MIAMI GARDENS DRIVE / SUITE 190

Address

NORTH MIAMI BEACH, FL 33179

City/State and Zip Code

ALLSTATESMEDICALEQUIPMENT@GMAIL.COM

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

For further information concerning this matter, please call:

EDUARDO L. MARQUEZ at (786) 985-8421

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: All STATES MEDICAL ~~DISTRIBUTION~~ Equipment Distribution LLC
2. (a) 1835 NE MIAMI GARDENS DRIVE #190 (b) SAME AS principal office
- Principal office address of limited liability company: Mailing address of limited liability company:
- (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

NORTH MIAMI BEACH, FL 33179

3. Date of filing/registration in Florida

4.

Document number

5. (a) EDUARDO L MARQUEZ
- Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1835 NE MIAMI GARDEN DRIVE SUITE #190

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NORTH MIAMI BEACH, FL 33179

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

1835 NE Miami Gardens Dr. Suite #190

NEW Registered Office Address:

1835 N. Miami Beach

FL 33179

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.

Eduardo L Marquez

Signature of a member or authorized representative of a member

EDUARDO L. MARQUEZ

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.

Eduardo L Marquez

Signature of Registered Agent

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