

L16000041707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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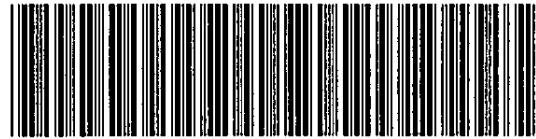
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2016

NICOLE MORRIS
1400 HAND AVE, ST L
ORMOND BCH, FL 32174

SUBJECT: ORMOND BEACH CLINICAL RESEARCH L.L.C.
Ref. Number: L16000041707

We have received your document for ORMOND BEACH CLINICAL RESEARCH L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 816A00023487

*Please see corrected
form on p. 2.
Ulu 12-19-16*

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ormond Beach Clinical Research
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:

Nicole Morris
Name of Person

Ormond Beach Clinical Research
Firm/Company

1400 Hand Ave. Suite L
Address

Ormond Beach, FL 32114
City/State and Zip Code

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

For further information concerning this matter, please call:

Nicole Morris at (386) 212-4848
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: Ormond Beach Clinical Research

2. (a) 1400 Hand Ave #L
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Ormond Bch, FL 32174

(b) 1400 Hand Ave #L
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Ormond Bch FL 32174

3. 03/01/2010
Date of filing/registration in Florida

4. LU000041707
Document number

5. (a) Business Filings Incorporated
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 S Pine Island Rd.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324
NICOLE MORRIS

(b) Ormond Beach Clinical Research
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1400 Hand Ave #L
NEW Registered Office Address:

Ormond Bch, FL 32174

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

Nicole Morris
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.

[Signature]
Signature of Registered Agent

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

FILED
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