

L16000094199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

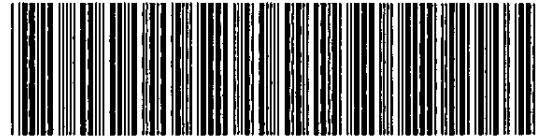
(Business Entity Name)

(Document Number)

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17 APR 19 PM 3:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Neurosurgical Experts, 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:

Matthew R. Moore MD.
Name of Person

Florida Neurosurgical Experts
Firm/Company

1821 NE 25th St., #101
Address

Lighthouse Point, FL 33064-7744
City/State and Zip Code

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

For further information concerning this matter, please call:

Matthew R. Moore at (954) 557-8422
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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**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: Florida Neurosurgical Experts, LLC

2. (a) Florida Neurosurgical Experts

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1821 NE 25th St, #101
Lighthouse Point, FL 33064

May 18, 2016

(b) _____

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

L16000094199

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporate Creations

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11380 Prosperity Farms Rd #221E
Palm Beach Gardens FL 33410

(b) Matthew R. Moore MD

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1821 NE 25th St, #101
NEW Registered Office Address:

Lighthouse Point, FL 33064-7744

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SECRETARY OF
TALLAHASSEE, FLORIDA
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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

Matthew R. Moore MD
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

4/16/17

May 19, 2016

FLORIDA NEUROSURGICAL EXPERTS LLC
1930 NE 47TH STREET
SUITE #200
FORT LAUDERDALE, FL 33308

The Articles of Organization for FLORIDA NEUROSURGICAL EXPERTS LLC were filed ~~on May 18, 2016~~ effective May 17, 2016, and assigned document number ~~LL16000094199~~. Please refer to this number whenever corresponding with this office.

The certification you requested is enclosed. To be official, the certification for a certified copy must be attached to the original document number that was electronically submitted and filed under FAX audit number H16000123137.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiain/individual/index.jsp>.

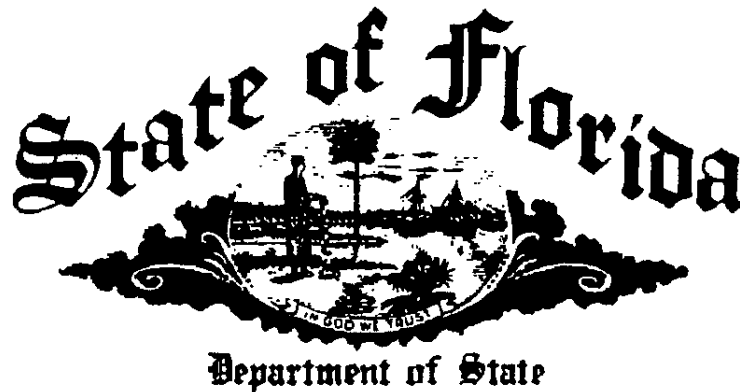
Please be aware if the limited liability company address changes, it is the responsibility of the limited liability to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Claretha Golden
Regulatory Specialist II
New Filing Section
Division of Corporations

Letter Number: 716A00010623

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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I certify from the records of this office that FLORIDA NEUROSURGICAL EXPERTS LLC, is a limited liability company organized under the laws of the State of Florida, filed on May 18, 2016, effective May 17, 2016.

The document number of this company is L16000094199.

I further certify that said company has paid all fees due this office through December 31, 2016, and its status is active.

Authentication Code: 716A00010623-051916-L16000094199-1/1

17 APR 19 PM 3:26
TALLAHASSEE
SECRETARY OF STATE

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Nineteenth day of May, 2016



Ken Detzner
Ken Detzner
Secretary of State