

L16000211405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800293561128

01/05/17--01010--010 \*\*25.00

FILED  
17 JAN 17 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 17 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2017 JAN 17 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 6, 2017

DALE & DONNA CRAIG  
3420 HARLOCK RD  
MELBOURNE, FL 32934

SUBJECT: OUTBACK MOBILE VETERINARY SERVICE LLC  
Ref. Number: L16000211405

We have received your document for OUTBACK MOBILE VETERINARY SERVICE 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):

YOU CAN ONLY HAVE ONE REGISTERED AGENT, NOT TWO.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 017A00000352

FILED  
17 JAN 17 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Outback Mobile Veterinary Service 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:

Dale Craig  
Name of Person

Outback Mobile Veterinary Service LLC  
Firm/Company

3420 Harlock Rd.  
Address

Melbourne, FL 32934  
City/State and Zip Code

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

For further information concerning this matter, please call:

Dale Craig at ( 321 ) 848-1304  
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

FILED  
17 JAN 17 PM 3:30  
TALLAHASSEE  
SECRETARY OF STATE

**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: Outback Mobile Veterinary Service LLC

2. (a) 3420 Harlock Rd (b) 3420 Harlock Rd

Principal office address of limited liability company:

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

Melbourne, FL  
32934

Mailing address of limited liability company:

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

Melbourne, FL  
32934

3. 11/17/16 Date of filing/registration in Florida 4. L16000211405 Document number

5. (a) Spiegel & Utrera, P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1840 SW 22nd St  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4th Floor  
Miami, FL 33145

(b) Dale Craig  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3420 Harlock Rd.  
**NEW Registered Office Address:**

Melbourne, FL 32934

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.

Danue Craig  
Signature of a member or authorized representative of a member

Danue Craig  
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.*

Danue Craig  
Signature of Registered Agent

FILED  
JAN 17 PM 3:33  
TALLAHASSEE, FLORIDA