

L17000004086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

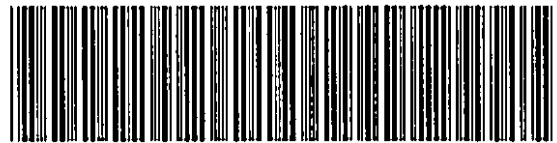
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 JUL 27 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. SIMMONS
JUL 28 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2018

HUMBERTO RUIZ
2385 EXECUTIVE CENTER DR
STE 100
BOCA RATON, FL 33431

SUBJECT: SANITAS DENTAL MANAGEMENT, LLC
Ref. Number: L17000004086

We have received your document for SANITAS DENTAL MANAGEMENT, 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):

Please complete section 5(a) of the application.

✓ *DONE* *SEE ATTACHMENT*

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 918A00010032



RECEIVED
2018 JUL 27 PM 1:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANITAS DENTAL MANAGEMENT, 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:

HUMBERTO RUIZ

Name of Person

RUIZ & COMPANY

Firm/Company

2385 Executive Center Drive, Suite 100

Address

Boca Raton, FL 33431

City/State and Zip Code

humberto@ruizandcompany.com

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

For further information concerning this matter, please call:

Humberto Ruiz at (561) 8620874
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: SANITAS DENTAL MANAGEMENT, LLC

2. (a) 1819 SE 17TH Street, Causeway

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Unit CU-1

Fort Lauderdale, FL 33316

(b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

04/30/2018

L17000004086

3. Date of filing/registration in Florida

4.

Document number

5. (a) Resigned

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

FEDERICO GIL PEREZ

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1819 S.E. 17th STREET CAUSEWAY UNIT CU-1
FORT LAUDERDALE, FL 33316

(b)

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

Humberto Ruiz

NEW Registered Office Address:

2385 Executive Center Drive, Suite 100

Boca Raton

FL 33431

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.

Fernando Fonseca
Signature of a member or authorized representative of a member

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

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