

217000048044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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FILED
2018 MAY 31 AM 6:12
TALLAHASSEE, FLORIDA

JUN 05 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Talo Rehab Solutions 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:

Cheryl Slack

Name of Person

Talo Rehab Solutions LLC

Firm/Company

249 Sheppard Rd NW

Address

Lake Placid FL 33852

City/State and Zip Code

Cheryl_slack@hotmail.com

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

For further information concerning this matter, please call:

Cheryl Slack

239 908-8980
at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2018

CHERYL SLACK
249 SHEPPARD RD NW
LAKE PLACID, FL 33852

SUBJECT: TALO REHAB SOLUTIONS LLC
Ref. Number: L17000048044

We have received your document for TALO REHAB SOLUTIONS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Name of business missing on line 1.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 118A00010578

49

RECEIVED

2018 MAY 31 AM 10:04

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2018 MAY 31 AM 6:12

FILED

**: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: TALO REHAB SOLUTIONS LLC

2. (a) Talo Rehab Solutions LLC

Principal office address of limited liability company:

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

249 Sheppard Rd NW

Lake Placid FL 33852

(b) Talo Rehab Solutions LLC

Mailing address of limited liability company:

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

249 Sheppard Rd NW

Lake Placid FL 33852

3/1/2017

L17000048044

3. Date of filing/registration in Florida

4. Document number

5. (a) Cheryl Slack

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1210 Campo Ave NW

Palm Bay, FL 32907

(b)

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

Cheryl Slack

NEW Registered Office Address:

249 Sheppard Rd NW

Lake Placid, FL 33852

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.

Cheryl Slack
Signature of a member or authorized representative of a member

Cheryl Slack

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.

Cheryl Slack
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00