

L17000078270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

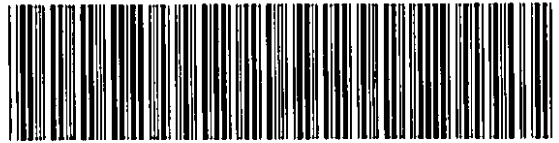
(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2018

WADHHAH AL ABAYECHI  
6084 PEREGRINE AVE  
ORLANDO, FL 32819

SUBJECT: 6.16 TAC MED L.L.C.  
Ref. Number: L17000078270

We have received your document for 6.16 TAC MED L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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: 918A00011906

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 6.16 TAC MED L.L.C.

\_\_\_\_\_  
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:

WADHHAH AL ABAYECHI

\_\_\_\_\_  
Name of Person

6.16 TAC MED L.L.C.

\_\_\_\_\_  
Firm/Company

6084 PEREGRINE AVE

\_\_\_\_\_  
Address

ORLANDO, FL 32819

\_\_\_\_\_  
City/State and Zip Code

TACMED6.16@YAHOO.COM

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

For further information concerning this matter, please call:

WADHHAH AL ABAYECHI

at ( 407 ) 255-3316

\_\_\_\_\_  
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: 6.16 TAC MED L.L.C.

2. (a) 6084 PEREGRINE AVE (b) 6084 PEREGRINE AVE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

ORLANDO, FL 32819

ORLANDO, FL 32819

04/07/2017

L17000078270

3. Date of filing/registration in Florida

4. Document number

5. (a) WADHHAH AL ABAYECHI

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

6.16 TAC MED L.L.C.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6084 PEREGRINE AVE

ORLANDO, FL 32819

(b) MAYS AL-KUBAISY

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

NEW Registered Office Address:

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.

Wadhah  
Signature of a member or authorized representative of a member

WADHHAH AL ABAYECHI

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 of Registered Agent