

L1800000 4672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRIMED 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:

TIM DOBBINICH  
Name of Person

TRIMED LLC  
Firm/Company

17751 HICKOK BELT ROAD  
Address

LAKEWOOD RANCH FL 34211  
City/State and Zip Code

TIM@TRIMED3D.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIM DOBBINICH at (314) 409 1950  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2020

TIM DORRICH  
17751 HICKOK BELT LOOP  
LAKEWOOD RANCH, FL 34211

SUBJECT: TRIMED LLC  
Ref. Number: L18000004672

We have received your document for TRIMED LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Changes to the registered agent information were previously made on the annual report.

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) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 120A00015652

WHAT DOCUMENT? I ENCLOSED THE ANNUAL REPORT IS THAT WHAT YOU NEED?

I TRIED TO CALL, BUT GET A VOICE MAIL.  
I LEFT MY NAME AND NUMBER BUT DIDNT  
GET ANY CALL BACK

PLEASE CALL 314 409 1950

**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: TRIMED LLC
2. (a) 677 NORTH WASHINGTON BLVD (b) 17751 HICKORY BELT LOOP  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- SARASOTA FL 34226 LAKEWOOD RANCH FL  
34211
3. 12/5/2018 4. L18000004672  
Date of filing/registration in Florida Document number
5. (a) FLORIDA REGISTERED AGENT LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7901 4TH ST N STE 200  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
- ST PETERSBURG FL 33702
- (b) TIM DODRINICH  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
17751 HICKORY BELT LOOP  
NEW Registered Office Address:  
LAKEWOOD RANCH FL 34211

2018  
16  
PM 4:18

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.

Tim Dodrinich  
Signature of a member or authorized representative of a member

TIM DODRINICH  
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