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TALLAHASSEE, FL

cf 4/3/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pura Vida Varadero Medical Center, 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:

Carlos Garcia

Name of Person

Centers of Medical Excellence, LLC

Firm/Company

7925 NW 12th St, #201

Address

Doral, FL 33126

City/State and Zip Code

sobe98@live.com

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

For further information concerning this matter, please call:

Carlos Garcia

Name of Person

at (305)

874-3909

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

March 21, 2023

CARLOS GARCIA
7925 NW 12TH STREET #201
MIAMI, FL 33126

SUBJECT: VAVADEVO MEDICAL CENTER OF MIAMI, LLC
Ref. Number: W23000038786

We have received your document for VAVADEVO MEDICAL CENTER OF MIAMI, 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):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

We can find no record of the entity named in your document. If this is the correct name, please provide us with the document number, or any other documentation supporting that this entity is registered with the Division of Corporations.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 023A00006551

**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: Pura Vida Varadero Medical Center, LLC

2. (a) 7925 NW 12th ST #201 (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Doral, FL 33126

3. 7/15/22 Date of filing/registration in Florida 4. L1800015575 Document number

5. (a) Nury Carbajal
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5850 W Flagler ST
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33144

(b) Carlos Garcia
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7925 NW 12th ST #201
NEW Registered Office Address:

Doral, FL 33126

FILED
TALLAHASSEE, FL
2023 APR 24 PM 12:22

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.

[Signature]
Signature of a member or authorized representative of a member

Carlos Garcia
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