

48000246339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rapid Response Medical Transportation 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:

Alexandra Marie Civer
Name of Person

Rapid Response Medical Transportation LLC
Firm/Company

83 6354 NW 72nd Place
Address

Parkland FL 33067
City/State and Zip Code

RRMTAmbulance@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Inna Portanova at (718) 290-4295
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

January 8, 2019

ALEXANDRA MARIE CANER
6359 NW 72 PL
PARKLAND, FL 33067

SUBJECT: RAPID RESPONSE MEDICAL TRANSPORTATION LLC
Ref. Number: L18000246339

We have received your document for RAPID RESPONSE, MEDICAL TRANSPORTATION 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):

Alexandra M Caner needs to as the new registered agent nit Inna Portnov.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 019A00000559

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2019 FEB 19 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FL

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: Rapid Response Medical Transportation LLC

2. (a) 8350 W SR 84 Davie FL 33324

Principal office address of limited liability company:

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

(b) 8350 W SR 84 Davie FL 33324

Mailing address of limited liability company:

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

3. 10/19/18
Date of filing/registration in Florida

4. L18000246339
Document number

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

8350 W SR 84 A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Davie, FL 33324

(b) Alexandra Marie Caner
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6354 NW 72nd Place
NEW Registered Office Address:

Parkland, FL 33067

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.

Inna Portnov
Signature of a member or authorized representative of a member

INNA PORTNOV
Printed or typed name of signer

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.

Inna Portnov
Signature of Registered Agent