

L21000310945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

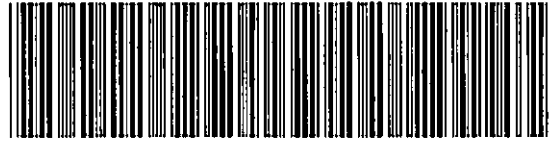
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J. HORNE
Nov 24 2021

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2021 NOV 12 AM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV 12 PM 8:09

August 26, 2021

CHRISTOPHER DEVILLIERS
2741 SW 117TH AVE
DAVIE, FL 33330 US

SUBJECT: DR.CDEVILLIERS PLLC
Ref. Number: L21000310945

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT REGISTERED AGENT, but your entity is a LLC REGISTERED AGENT. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 121A00020666



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2021

DR. CDEVILLIERS PLLC
2741 SW 117TH AVENUE
DAVIE, FL 33330

SUBJECT: DR.CDEVILLIERS PLLC
Ref. Number: L21000310945

Our records indicate the registered agent for the above named limited liability company resigned on September 14, 2021 and that the limited liability company currently does not have a registered agent designated.

Chapter 605, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6823.

Shelia S Young
Regulatory Specialist III
Division of Corporations

Letter Number: 321A00026642

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. C Devilliers PLLC
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:

Christopher Devilliers
Name of Person

Dr. C Devilliers PLLC
Firm/Company

2741 SW 117th ave
Address

Dunwoody, FL 33330
City/State and Zip Code

Christopher.devilliers@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Devilliers at (305) 431-7036
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

**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: Dr. C Devillers PLLC

2. (a) 2241 SW 117th Ave Dade, FL 33330 (b) 2241 SW 117th Ave Dade, FL 33330
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. July 7 2021 4. L21000310945
Date of filing/registration in Florida Document number

5. (a) Legal Zoom - Assigned
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) Christopher Devillers
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2241 SW 117th Ave Dade, FL 33330
NEW Registered Office Address:

_____, FL _____

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

Christopher Devillers
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.

[Signature]
Signature of Registered Agent

FILED
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TALLAHASSEE, FLORIDA