

L23 000 383 733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

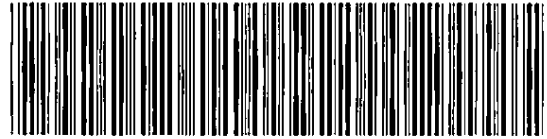
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/13/24--01041--003 **35.00

SECRET
2024 OCT -9 PM 10:52
TALL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2024

YURI REMEDIOZ GONZALEZ
16973 SW 289TH TER
HOMESTEAD, FL 33030

SUBJECT: GONZALEZ PSYCHIATRY CARE LLC
Ref. Number: L23000383733

We have received your document for GONZALEZ PSYCHIATRY CARE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

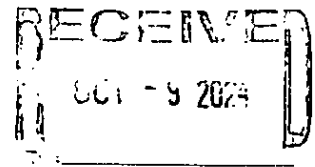
The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 024A00018564



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gonzalez Psychiatry Care 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:

Yuri RemedioZ Gonzalez

Name of Person

Gonzalez Psychiatry Care LLC

Firm/Company

16978 SW 289th Ter

Address

Homestead, FL 33030

City/State and Zip Code

yuri-armando@hotmail.com

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

For further information concerning this matter, please call:

Yuri RemedioZ Gonzalez

Name of Person

at (305)

903-9398

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

2024 OCT -9 AM 10:52
SECURITY - OCT 11 2024
TALLAHASSEE, FL 32303

**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: Gonzalez Psychiatry Care LLC

2. (a) _____ (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)

5040 NW 7th St Ste.
#610 Miami, FL 33126

16978 SW 289th Ter
Homestead FL 33030

3. 8/15/2023 4. L23000383733
Date of filing/registration in Florida Document number

5. (a) Registered Agent Solutions, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

2894 Remington Green LN STE A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32308

(b) Yuri Remedios Gonzalez
Enter name of NEW Registered Agent and/or NEW Registered Office address:

16978 SW 289th Ter
NEW Registered Office Address:

Homestead, FL 33030

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

Yuri Remedios Gonzalez
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