

L25000327555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

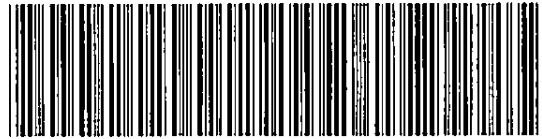
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2025 AUG -1 AM 8:02
TALLAHASSEE, FL
STATE

AB
2/18/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AASTHA GANDHI DMD LLC
Name of Limited Liability Company

FILED

2025 AUG -1 AM 8:02

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

SECRETARY OF STATE
TALLAHASSEE, FL

Please return all correspondence concerning this matter to the following:

RAHUL SHETH

Name of Person

Firm/Company

15115 HAVENCREST CIR, UNIT 4303

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

RAHUL.SHETH38@GMAIL.COM

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

For further information concerning this matter, please call:

RAHUL SHETH

978

9965019

at ()

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: AASTHA GANDHI DMD 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)

15115 HAVENCREST CIR, UNIT 4303

15115 HAVENCREST CIR, UNIT 4303

WINTER GARDEN, FL 34787

WINTER GARDEN, FL 34787

07/16/2025

L25000327555

3. _____ 4. _____
Date of filing/registration in Florida Document number

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

RAHUL SHETH

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

420 MIRRORTON AVE, UNIT 306

LAKELAND, FL 33801

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

RAHUL SHETH

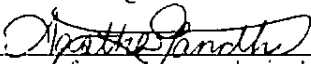
NEW Registered Office Address:

15115 HAVENCREST CIR, UNIT 4303

WINTER GARDEN, FL 34787

FILED
2025 AUG -1 AM 8:02
TALLAHASSEE, FL
DIVISION OF STATE

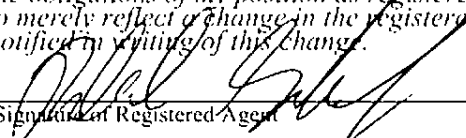
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 of a member or authorized representative of a member

AASTHA GANDHI

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