

✓
M01000000116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECURITY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 04 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Sarasota Ophthalmology ASC, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph J Ross, M.D.

Name of Person

Firm/Company

925 Casey Cove Drive

Address

Nokomis, Florida 34275

City/State and Zip Code

JJ111R@aol.com

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

For further information concerning this matter, please call:

Joseph J Ross, M.D. at (216) 338-7773

Name of Person

Area Code and 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

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Sarasota Ophthalmology ASC, LLC.
2. This entity was formed under the laws of: Tennessee
3. This entity was authorized to transact business in Florida on 03-08-2001
and its Florida document/registration number is M01000000116
4. The name and address of each manager or managing member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

Benchmark Surgical Services, LLC
925 Casey Cove Drive
Nokomis, Florida 34275

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FILED
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

Required Signature: Terrie Wade

Signature of Manager, Managing Member or Member

(BENCHMARK SURGICAL SERVICES LLC MANAGING MEMBER)

Filing Fee: \$25