

MO9000003213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000183085020

Change RA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP -2 PM 12:55

FILED

08/09/10--01025--010 \*\*25.00

N. CAUSSEAU

SEP - 2 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Liberty Health Network 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:

\_\_\_\_\_  
(Name of Person)

Silver State Management Services LLC  
(Firm/Company)

PO Box 6957  
(Address)

Stateline, NV 89449  
(City/State and Zip Code)

For further information concerning this matter, please call:

Terry Wells at ( 775 ) 588-8000  
(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

August 11, 2010

SILVER STATE MANAGEMENT SERVICES LLC  
P.O. BOX 6957  
STATELINE, NV 89449

SUBJECT: LIBERTY HEALTH NETWORK LLC  
Ref. Number: M09000003213

We have received your document for LIBERTY HEALTH NETWORK 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 110A00019324

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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: Liberty Health Network LLC

2. (a) Principal office address of limited liability company: 297 Kingsbury Grade Ste. 100  
(Note: **MUST BE STREET ADDRESS**) Stateline, NV 89449

(b) Mailing address of limited liability company: PO Box 4470  
(Note: **MAY BE POST OFFICE BOX**) Stateline, NV 89449

8/17/2009  
3. Date of filing/registration in Florida

M09000003213  
4. Document number

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

Registered Agent: CAPITOL CORPORATE SERVICES, INC.

Registered Office Address: 155 OFFICE PLAZA DRIVE SUITE A  
TALLAHASSEE FL 32301 US

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

**NEW** Registered Agent: Northwest Registered Agent, LLC.

**NEW** Registered Office Address: 2022-2 Raymond Diehl Rd  
(**MUST BE FLORIDA STREET ADDRESS**) Tallahassee, FL 32301

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.

By: SEGURROS S.A. its Manager  
(Signature of a member or authorized representative of a member)

By: DAVID BATRICK, Authorized Party 8/16/2010  
(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 608, 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) Dan Keen Dan Keen-Manager

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00