

M12000000113 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

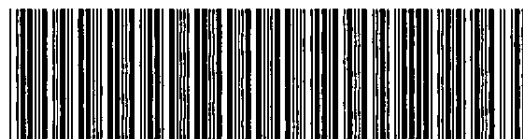
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 19 AM 10:34

B. BOSTICK
SEP 20 2013
EXAMINED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Interventional Management Services, 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:

Jubal Mathis

Name of Person

Watson Sewell, PL

Firm/Company

5410 E. CO. Hwy 30-A Suite 201

Address

Seagrove Beach, FL 32459

City/State and Zip Code

benrie@watsonsewell.com

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

For further information concerning this matter, please call:

Jubal Mathis

Name of Person

at (850) 2313465

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

2013 SEP 19 AM 10:34
TALLAHASSEE, FLORIDA

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.

- NEW** Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
- 22 Seven Wells Ct.
Alys Beach, FL 32416

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.

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

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2013

JUBAL MATHIS
WATSON SEWELL, PL
5410 E. CO. HWY 30-A, SUITE 201
SEAGROVE BEACH, FL 32459

SUBJECT: INTERVENTIONAL MANAGEMENT SERVICES, LLC
Ref. Number: M12000000113

2013 SEP 19 AM 10:34
F-1000
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INTERVENTIONAL MANAGEMENT SERVICES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 613A00020275