

nos 385

(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

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APR 16 2015

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHYSICIANS BUILDING CONDOMINIUM ASSOCIATION, INC.  
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:

Kelly Hooper

Name of Person

BishopBeale

Firm/Company

250 North Orange Avenue, Suite 1500

Address

Orlando, FL 32801

City/State and Zip Code

kelly@bishopbeale.com

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

For further information concerning this matter, please call:

Kelly Hooper

at ( 407 )

426-7702

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

February 11, 2015

KELLY HOOPER  
250 N ORANGE AVE STE 1500  
ORLANDO, FL 32801

SUBJECT: PHYSICIANS BUILDING CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N05385

We have received your document for PHYSICIANS BUILDING CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$1375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you are trying to file is not correct. You can not change a manager or member's address on a registered agent change. You will need to file a Amendment for the LLC.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 115A00002912

*\*Please note this change was for updating  
address for registered  
agent, but signer  
signed in wrong area.*

*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.*

2. (a) -recently changed via e-mail to Sunbiz (b) -recently changed via e-mail to Sunbiz

**Mailing address of limited liability company:**

**(Note: MAY BE POST OFFICE BOX)**

250 North Orange Ave., Suite 1500

Orlando, FL 32801

N05385

4. Document number

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***

Orlando, FL FL 32804

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

**NEW** Registered Office Address:

Orlando FL 32801

Signature of a member or authorized representative of a member

Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)