

L17000254547

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

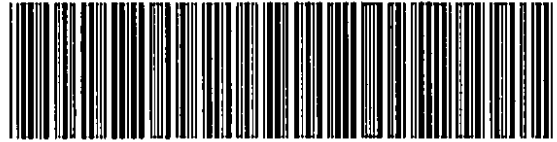
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2023 FEB 17 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2023

CARLOS CUKIER  
725 W SR 434 STE G  
LONGWOOD, FL 32750

SUBJECT: GIBRALTAR LIFE AND HEALTH SERVICES LLC  
Ref. Number: L17000254547

We have received your document for GIBRALTAR LIFE AND HEALTH SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(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) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 623A00002344

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gibraltar Life and Health 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:

Cynthia Cataldo

Name of Person

Gibraltar Life & Health Serv.

Firm/Company

725 W SR 434 St G

Address

LONG WOOD, FL 32750

City/State and Zip Code

Cynthia @ qmgfl.com

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

See attached copy of cleared check. This was requested in November 2022 but not implemented.

Please update our records. Thank you!  
2023 FEB 17 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

For further information concerning this matter, please call:

Cynthia Cataldo

Name of Person

at ( 407 ) 222-9321

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

FEB 17 2023

BY: \_\_\_\_\_

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: Gibraltar Life and Health Services LLC

2. (a) 725 W SR 434 Ste G

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Longwood, FL 32750

(b) 725 W SR 434 Ste G

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Longwood, FL 32750

3. 12/13/17 Date of filing/registration in Florida

4. L17 000254547 Document number

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

1740 Huron Tr

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Maitland, FL 32751

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

725 W SR 434 Ste G

NEW Registered Office Address:

Longwood, FL 32750

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 2023 FEB 17 PM 3:12

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

Carlos Cukier Printed or typed name of signer

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