## 401000019550

(Requestor's Name)	
(Address)	
(Address)	
(Address).	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(D)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
A. LOIVI	
JUN 18 2008	
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EXAMINER	

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SECRETARY OF STATES
RALLAHASSEE, FLORIDA



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2008

MICHAEL P. PETERSON, ESQ 8900 SOUTHWEST 117TH AVE. SUITE C-104 MIAMI, FL 33186

SUBJECT: ROLLING SHIELD WEST, L.L.C.

Ref. Number: L01000019550

We have received your document for ROLLING SHIELD WEST, L.L.C. and your check(s) totaling \$35.00. 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.

lf you have any questions concerning the filing of your document, please call. (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 008A00016592

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Rolling Scield Weet (Name of Limite	d 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 n	natter to the following:		
Mickael P. Teteron, (Name of Person)	TAI		
Michael P. Peterson, P.A. (Firm/Company)	ECKETARY	*****	
8900 500 117 Avey Boite	C/O/ P : 39	J	
Miami, Fl 33186 (City/State and Zip Code)	- <u> </u>		
For further information concerning this matter, ple	ease call:		
(Name of Person) at (	(Area Code & Daytime Telephone Numb	er)	
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	S55 Filing Fee & Certified Copy		

## 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. The name of the limited liability company is: Rolling Shield West, L.L.C.		
2. The mailing address of the limited liability company is: 2500 NW 74 <sup>th</sup> Ave		
Miami, Fl 33122		
11/13/01 401000019550		
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Nichael P. Peterson, Esq.   Name		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby		

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)

Wellow Polessou

(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)

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