

LOS 000034453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

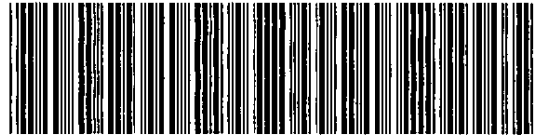
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

SEP 17 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rivera & Morales
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:

Hector Rivera
Name of Person

Rivera & Morales LLC
Firm/Company

7225 Central Ave
Address

St Petersburg, FL 33710
City/State and Zip Code

hrivera1965@yahoo.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Hector Rivera at (813) 309-6800
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

STATE 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: Rivera & Morales

2. (a) Principal office address of limited liability company: 7225 Central Ave

(Note: MUST BE STREET ADDRESS)
St. Petersburg, Fl. 33710

(b) Mailing address of limited liability company: 7225 Central Ave

(Note: MAY BE POST OFFICE BOX)
St. Petersburg, Fl. 33710

04/30/2008
3. Date of filing/registration in Florida

L05000034453
4. Document number

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

Registered Agent: Hector Rivera

Registered Office Address: 1490 Loman Ct
Palm Harbor, Fl. 34683

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

NEW Registered Agent: Hector Rivera

NEW Registered Office Address: 7225 Central Ave
(MUST BE FLORIDA STREET ADDRESS) St Petersburg, FL 33710

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.

Hector Rivera
Signature of a member or authorized representative of a member

Hector Rivera
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.

Hector Rivera
Signature of Registered Agent

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

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2009 SEP 16 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA