L14000095966

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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08/22/16--01030--017 **25.00

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16 SEP -7 AM ID: 42

SECRETARY OF STATE.

SEP HARRIS

COVER LETTER

'TO: Registration Section Division of Corporations				
·				
Ruby's of Boca				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	is matter to the following:			
Pedro Fuentes				
Name of Person				
Ruby's of Boca				
Firm/Company	· · · · · · · · · · · · · · · · · · ·			
8221 Glades Road	· · · · · · · · · · · · · · · · · · ·			
Address				
Boca Raton, Florida 33434	·			
City/State and Zip Code				
rubysofboca@gmail.com	•			
E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this matter,	please call:			
Pedro Fuentes	239 565-6666			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	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

August 25, 2016

PEDRO FUENTES 8221 GLADES ROAD BOCA RATON, FL 33434

SUBJECT: RUBY'S OF BOCA, L.L.C.

Ref. Number: L16000095966

We have received your document for RUBY'S OF BOCA, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Name of business, date of filing and document number are missing. (Section 1, 3, & 4)

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00018085

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursue submit Florid	ant to the provisions of sections 605.0114 or 605.0116, he ts the following statement in order to change its regis la.	Florida Statutes, the undersig tered office or registered ag	med limited liability company gent, or both, in the State of
1. N	ame of the limited liability company:	-5 of 100	CFILL.
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing addres	ss of limited liability company: Y BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida Ruben A. Frientes ALEXANDO	4. Document	
•	Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	
	8221 Glades Road		16 SE
	Boca Raton , FL 3	3434	SEP - THE
	Pedro Fuentes		
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Gan addragg	
	Effet frame of NEW Registered Agent and/of NEW Registered O	ince address.	FLORE CO
	NEW Registered Office Address:		>
	, FL	· · · · · · · · · · · · · · · · · · ·	
the cha agent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere anthorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liab.	ne registered office and the builty company, it is hereby controlled liability company	usiness office of the registered infirmed that the change(s)
Signa	ature of a member or authorized representative of a member	Printed or ty	ped name of signee
I here provis the obtomer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided y ely reflect a change in the registered office address, I he ad in writing of this change.	to act in this capacity. I fur erformance of my duties, and for in Chapter 605, F.S. Or, reby confirm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been
Signan	ire of Registered Agent		