## A0500000346

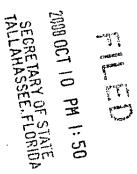
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T. CLINE

OCT 13 2008

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2008

DANIEL BELLOWS P.O. BOX 350 WINTER PARK, FL 32790-0350

SUBJECT: RHB FAMILY DEVELOPMENT, LTD.

Ref. Number: A0500000346

We have received your document for RHB FAMILY DEVELOPMENT, LTD. 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.

The designation of the registered agent must be at a Florida street address.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 808A0005118

## **COVER LETTER**

TO: Registration Section

Division of Corporations SUBJECT: RHB FAMILY	Dave opmant, Lit		
(Name of Limited Partnership of	or Limited Liability Limited Partnership)		
DOCUMENT NUMBER: A 0 50	00000346		
The enclosed Statement of Change of Reg fee(s) are submitted for filing.	gistered Office and/or Registered Agen	t and	
Please return all correspondence concerni	ing this matter to:		
DAN Bellows			
RHB FAMLY Develo	princit, old		
(Firm/Company)			
(Address)	790 - 0350	·	
(City, State and Zip Code	)		
For further information concerning this m	natter, please call:	·	
DAN Bellows	at ( 467 ) 644-315 (Area Code and Daytime Telephone	1	
(Name of Contact Person)	(Area Code and Daytime Telephone	Number)	
Enclosed is a \$35.00 check made payable	to the Florida Department of State.	2008 OCT 10 PM 1:50 SECRETARY OF STATE TALLAHASSEE. FLORID	er reporte
STREET ADDRESS:	MAILING ADDRESS:	ASS =	pinary?
Registration Section	Registration Section		gam sign
Division of Corporations	Division of Corporations	기위 교	Laura E
Clifton Building	P. O. Box 6327	15 ±	E.z.
2661 Executive Center Circle	Tallahassee, FL 32314	음을 55 55	
Tallahassee, FL 32301		) A	
INHS04 (01/06)		·	ţ

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

change its registered office of registered agent, or both, in the state of Fronda.	
1. RHB FAMILY Dovelopment, Ltd	
Name of Limited Partnership or Limited Liability Limited Partnership	
2. 2-/15/65 3. A 0.5 000000 346	
Date of filing/registration in Florida Florida document number	
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
LAURA MOA	
LAURA MOA Name	
533 W. New England Ave, Switze Linter Park, 12 32789	
Address	
hinter pak 12 32789	
City, State and Zip	
5. The name and Florida street address of the new registered agent and/or office:	
, E E	
DANIEL B. Bellows	
Name	
533 W. New Ensland Are, Suite C. Florida street address (P.O. Box not acceptable)	
· · · · · · · · · · · · · · · · · · ·	
hinter park FL 32789	
City, State and Zip	
6 Such change(s) is/are effective when filed by the Florida Department of State.	
	romet ryn.
Signature of General Partner  Signature of General Partner	Tares energi
Signature of content trainer	g: <del>-mijr</del>
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.	] ŧ
6 Such change(s) is/are effective when filed by the Florida Department of State.  Signature of General Partner  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 Lan familiar with an accept the obligations of my position as registered agent.	

Signature of Registered Agent

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50