LD1000003916

(Re	equestor's Name)			
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RAINMAKER TRADING C (Name of	COMPANY, LLC 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	g this matter to the following:	
JOHN F. COOK, ESQ. (Name of Person)	· 	
JOHN F. COOK, P.A.		
(Firm/Company)		
2033 WOOD STREET, SUITE 220		
(Address)		
SARASOTA, FL 34237		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	
JOHN F. COCK	at (941) 906-1560	
(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	
	ng amount:	
✓ \$25 Filing Fee	\$55 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 lim	ted liability company is:	RAINMAKER TRADING COMPAN	Y, LLC .
2. The mailing address	of the limited liability co	ompany is : 735 EAGLE POINT D	DRIVE, VENICE, FL 34285
03/09/2001		L01000003916	^
3. Date of filing/registr	ation in Florida	4. Document num	iber
5. The name of the regis Florida Department of		stered office address as shown o	on the records of the
	SUE-AJACOBSO		
	46 N. WASHINGTON	Name N BLVD, #1	
	SARASOTA, FL 342	Address 36	
		State and Zip	TAL SE
6. The name and addres	s of the new registered a	gent and/or office:	FILED DEC 26 AMII: ORETAKY OF STA LAHASSEE, FLO
•	JOHN F. COOK, P.A	٨.	ILED 26 AM ARY OF ASSEE,
•		Name	
	2033 WOOD STREE	T, SUITE 220	FS
	Florida street addres	s (P.O. Box NOT acceptable)	-TATE
	SARASOTA,	FL 34237	>
	City, S	State and Zip	
confirmed that after the and the business office diability company, it is hof the members of the lor the operating agreem	change or changes are m	under the laws of the State of F hade, the Florida street address of ill be identical. Or, in the case of change(s) was/were authorized or as otherwise provided in the company.	of the registered office
PETER RICHARD, MAN	IAGER		
(Printed or typed name of signe			
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, i address, I hereby accept (Signature of Registered Agent	ointment as registered a ons of all statutes relative and accept the obligation this document is being that the limited liability	gent and agree to act in this cape to the proper and complete pe so of my position as registered a filed to merely reflect a change ty company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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