

L010000021979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC - 2 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Roberts Communications Technologies, LLC
Name of Corporation

DOCUMENT NUMBER: L01000021979

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peggy Roberts

Name of Contact Person

Roberts Communications Technologies, LLC

Firm/Company

11384 Torchwood Court

Address

Wellington, FL 33414

City/State and Zip Code

prober12@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peggy Roberts

Name of Contact Person

at (**561**) **670-3278**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2013

PEGGY ROBBERTS
ROBERTS COMMUNICATIONS TECHNOLOGIES, LLC
11384 TORCHWOOD COURT
WELLINGTON, FL 33414

SUBJECT: ROBERTS COMMUNICATIONS TECHNOLOGIES, LLC
Ref. Number: L01000021979

We have received your document for ROBERTS COMMUNICATIONS TECHNOLOGIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 013A00026027

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. Name of the limited liability company: Roberts Communications Technologies, LLC

2. (a) Principal office address of limited liability company: 11384 Torchwood Court
Wellington, FL 33414
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 11384 Torchwood Court
Wellington, FL 33414
(Note: MAY BE POST OFFICE BOX)

02/18/2001

3. Date of filing/registration in Florida

L01000021979

4. Document number

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

Registered Agent: Corporation Service Company

Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301

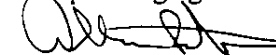
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Peggy Roberts

NEW Registered Office Address: 11384 Torchwood Court
(MUST BE FLORIDA STREET ADDRESS)


Wellington, FL 33414

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

Allan R Roberts, MGRM
Printed or typed name of signer

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