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Certified Copies	Certificates of Status			
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Office Use Only



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EXAMINER

MONTELLO & ASSOCIATES, P.A.

2750 N.E. 185th Street, Suite 306 Aventura, Florida 33180

Telephone: (305) 682-2000 Facsimile: (305) 682-3669

May 6, 2008

VIA FEDEX

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: RMD Holdings LLC (the "Company")

Ladies and Gentlemen:

Enclosed please find the Statement of Change of Registered Office for the Company. Also enclosed is our check in the amount of \$25.00 for payment of the filing fee. If you have any questions please contact me.

Sincerely,

Yanet Gutierrez, Legal Assistant

Enclosures

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 limit	ed liability compa	any is: RMD Holdings L	LC		·
2. The mailing address of	of the limited liabi	lity company is : 2750	N.E. 185th Stre	et, Suite 306,	······································
Aventura, Florida 3318					
		1.00	000042254		
05/16/2002			L02000012351		
3. Date of filing/registra	tion in Florida	4. D	ocument number	ſ	
5. The name of the regist Florida Department of		e registered office addre	ss as shown on th	he records of the	
•	Randy Dorfr	man			
•		Name			
	3901 N.W. 77	7th Avenue			
		Address		ㅋ. 말	
	Miami, Florida	a 33166		ASS IS	-antiture.
		City, State and Zip		55 英	- 1 1
6. The name and address	of the new registe	ered agent and/or office:		2008 HAY -T SECRETARY TALLAHASS	
	Louis R. Mon	ntello			
		Name		一一	Figure 1
	2750 N.E. 18	5th Street, Suite 306	<u>; </u>	달 유	
	Florida street a	ddress (P.O. Box NOT	acceptable)	AM 10: 51 OF STATE EE.FLORIDA	
	Aventura,	FL 33180			
	(City, State and Zip			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lip or the operating agreements. (Signature of a member of author)	change or changes f the registered ag creby confirmed the mited liability con nof the limited li	are made, the Florida st ent will be identical. On that the change(s) was/we appany or as otherwise president ability company.	treet address of the r, in the case of a ere authorized by	he registered offic Florida limited an affirmative vo	ote
		- ···,			
Randy Dorfman, Mana		.			
(Printed or typed name of signee					
I hereby accept the appo comply with the provision and I am familiar with ax Chapter 608, F.S. Or, if address, I hereby subject	intment as registe as of all statutes re of accept the opti his document is finit the lighted [ered agent and agree to elative to the proper and t	act in this capact I complete perfor I registered agen ect a change in t en notified in wr	ity. I further agre rmance of my duti It as provided for i he registered offic iting of this chang	e to es, in ce e.
(Signature of Registered Agent)					

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