

LD3000005784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JUL 18 2013

L. SELLERS

Office Use Only



900249735899

07/15/13--01031--003 \*\*25.00

FILED  
13 JUL 15 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Long-Term Finance and Development LLC  
Name of 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 this matter to the following:

Sally Larson

Name of Person

Long-Term Finance & Development LLC

Firm/Company

500 Australian Ave So #120

Address

West Palm Beach FL 33401

City/State and Zip Code

admin@rhodesholdings.net

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

For further information concerning this matter, please call:

Sally Laron at ( 561 ) 659-5400

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

**Enclosed is a check for the following 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. Name of the limited liability company: Long-Term Finance and Development LLC

2. (a) Principal office address of limited liability company: 500 Australian Ave So #120  
**(Note: MUST BE STREET ADDRESS)** West Palm Beach FL 33401

(b) Mailing address of limited liability company: 500 Australian Ave So #120  
**(Note: MAY BE POST OFFICE BOX)** West Palm Beach FL 33401

02/03/2003

L03000005784

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: Thomas Streit

Registered Office Address: 222 Lakeview Avenue  
West Palm Beach FL 33401

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

**NEW** Registered Agent: Paul Rhodes

**NEW** Registered Office Address: 500 Australian Ave So #120  
**(MUST BE FLORIDA STREET ADDRESS)** West Palm Beach, FL 33401

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]  
Signature of a member or authorized representative of a member

Paul Rhodes

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]  
Signature of Registered Agent

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

**FILING FEE: \$25.00**

FILED  
JUL 15 PM 3:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA