

W3000015695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

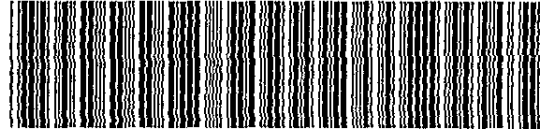
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LAW OFFICES OF  
**ROSE & ROSE, P.A.**

ANDREW C. ROSE\*  
PETER A. ROSE\*

\*ALSO LICENSED IN TEXAS

OF COUNSEL:  
JACKIE A. ROSE  
ROBERT L. KING  
JAMES O. BIRR, JR.

5295 TOWN CENTER ROAD  
THIRD FLOOR  
BOCA RATON, FL 33486  
TELEPHONE: (561) 394-4995  
BROWARD LINE: (954) 561-5000  
FACSIMILE: (561) 417-6692

Fort Lauderdale Location:  
THE WILTON CENTRE-STE. 400  
2101 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33311

**REPLY TO: BOCA RATON**

January 3, 2005

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

RE: R.T.S. Waste&Recycling, LLC  
File No.: PAR-8845

To whom it may concern:

In reference to the above-captioned corporation, enclosed please find the following:

1. Resignation of Managing Member/Officer/Director;
2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company;
3. Check #5097 made payable to Florida Department of State in the sum of the Fifty Dollars (\$50.00) representing filing fees for each form previously indicated.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

  
PETER A. ROSE, ESQ.

For the Firm  
PAR/tw  
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 limited liability company is: R.T.S WASTE&RECYCLING LLC
2. The mailing address of the limited liability company is : 1903 NW 40TH COURT, POMPANO B

05/01/2003

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

RICHARD SILVESTRI

Name

4381 SW 10TH PLACE, APT. 202

Address

DEERFIELD BEACH, FL 33442

City, State and Zip

6. The name and address of the new registered agent and/or office:

WAYNE MORRIS

Name

1800 N. DIXIE HWY

Florida street address (P.O. Box NOT acceptable)

HOLLYWOOD FL 33020

City, State and Zip

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)

WAYNE MORRIS

(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

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