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COVER LETTER

Division of Corporations	•		
SUBJECT: The RenGar Group, LLC			
(Name of Limited	d Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filin	NT.	
		·6•	
Please return all correspondence concerning this m	natter to the following:		
÷			
Rene Julian Garcia Jr., Esq.			
(Name of Person)			
Ossis B. Assasis I. v. Di			
Garcia & Associates, PL (Firm/Company)		<u>.</u> .	
(and company)			
2600 South Douglas Road, Suite 606			
(Address)		•	
Outsil Outline Electric 20404			
Coral Gables, Florida 33134 (City/State and Zip Code)			
(co.,:,			
For further information concerning this matter, plea	ease call:		
·	77.70	س سرا ا	
Rene Julian Garcia Jr., Esq. at (3	305 720-5949	.1	
(Name of Person)	(Area Code & Daytime Telephor	ne Number)	
		7	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	•	
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327	· ·	
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amo	ount:		
 ✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

TO: Registration Section



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 21, 2005

RENE JULIAN GARCIA JR., ESQ. GARCIA & ASSOCIATES, PL 2600 SOUTH DOUGLAS ROAD, SUITE 606 CORAL GABLES, FL 33134

SUBJECT: THE RENGAR GROUP, LLC

Ref. Number: L04000087449

We have received your document for THE RENGAR GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

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) 245-6913.

Letter Number: 005A00068638

Diane Cushing Document Specialist

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED EXABILITY COMPANY

, , ,	G FOR THUILED PAYDE	LITT COMPANT		
Pursuant to the provisions of s liability company submits the fo agent, or both, in the State of Fl	ollowing statement in order	08, Florida Statutes, the r to change its registered	undersigned limite d office or registere	ed ed
1. The name of the limited liabi	lity company is: The RenG	Sar Group, LLC		
2. The mailing address of the lin	nited liability company is:	2600 South Douglas R	oad, Suite 606	
Coral Gables, Florida 33134				,
12/06/2004		L04000087449	F	_
3. Date of filing/registration in 1	Florida	4. Document number		_
5. The name of the registered ag Florida Department of State:			e records of the	
Ren	Gar Holding Compan Name	<u>y</u> ,		
2600	South Douglas Road,	Suite 606		
	Address		<u>-</u>	
Cora	I Gables, Florida 33134 City, State and 2		»*	
6. The name and address of the	•	•		
	-			
Rene	Julian Garcia Jr., Esc	<u> </u>		
2600	Name South Douglas Road, S	Suite 606		
	da street address (P.O. Box			-
Cora	Gables, FL 331	134		
	City, State and Zi			
If the limited liability company is confirmed that after the change of and the business office of the reliability company, it is hereby co of the members of the limited li or the operating agreement of the	or changes are made, the Fl gistered agent will be idention onfirmed that the change(s) ability company or as other	orida street address of the ical. Or, in the case of a was/were authorized by wise provided in the arti-	e registered office Florida limited an affirmative vote	* * * * * * * * * * * * * * * * * * * *
(Signature of a method or authorized repr	esentative of a member)	-	- M	*
Rene Julian Garcia Jr., Esq.		<u>-</u> .		1
(Printed or typed name of signee)		· ·	7.74 · · ·	÷
I hereby accept the appointmen comply with the provisions of all and I am familiar with and acceptage to 608, F.S. Or, if this does address, I hereby ponfirm that the	as registered agent and as statutes relative to the pro of the obligations of my pos ument is being filed to men e limited liability company	gree to act in this capacit per and complete perfort sition as registered agent rely reflect a change in th has been notified in writ	y. I furthe f agree to mance of my duties, as provided for in he registered office ting of this change.)

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

(Signature of Regis cred Agent)