## L05000074786

(Requestor's Name)				
(Address)				
(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:				

Office Use Only

B. KOHR

MAY 2 3 2011

**EXAMINER** 



400207634194

05/20/11--01017--012 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:	RDC PENNO	CK POINT SOUTH LLC	
	Name of Limi	ted Liability Company	
Dear Sir or Madam:		•	ナファ
The enclosed Registered A	gent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this	matter to the following:	
	AN J. THOMAS		
Name	of Person		
	POINT SOUTH LL	<u>.c</u>	
	IALL AVE, UNIT 2 Iress		
	R, FL 33458 and Zip Code	State of the Assessment of the State of the	
CTHOMAS.RG E-mail address: (to be used fo	TGC@GMAIL.COM r future annual report notific	dation)	
For further information con	cerning this matter, p	lease call:	
CHRISTIAN J T	HOMAS at		
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER	R ADDRESS:	MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporati	ons	Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Cente Tallahassee, Florida 3		Tallahassee, Florida 32314	
Enclosed is a check	k for the following an	nount:	
\$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:	RDC PENNOCK POINT SOUTH L	LC	
2. (a) Principal office address of limited liability	company: 935 TOWN HALL AVE	, UNIT 2	
(Note: MUST BE STREET ADDRESS)	JUPITER FL 33458		
(b) Mailing address of limited liability compa	any: 935 TOWN HALL AVE, L	JNIT 2	
(Note: MAY BE POST OFFICE BOX)	JUPITER FL 33458	20	
05/05/05	L05000044786	SIGN OF COM	
3. Date of filing/registration in Florida	4. Document number	127	
05/05/05  3. Date of filing/registration in Florida  5. (a) Registered Agent and Registered Office si Registered Agent:  Registered Office Address:	shown on the records of the Florida Dept. of St	20 atte	
Registered Agent:	DANNY R THOMAS	<u> </u>	
Registered Office Address:	935 TOWN HALL AVE, UNIT 2 JUPITER FL 33458	ائن' 	
		<u>.</u>	
(b) Enter name of NEW Registered Agent an	nd/or NEW Registered Office address:		
NEW Registered Agent:	CHRISTAIN J THOMAS		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	935 TOWN HALL AVE, UNIT 2	935 TOWN HALL AVE, UNIT 2	
<u>,</u>		3458	
If the limited liability company is not organized use confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company of the operating agreement of the limited liability.  Signature of a member of authorized representative of a member.	ander the laws of the State of Florida, it is here ade, the Florida street address of the registered ll be identical. Or, in the case of a Florida limic change(s) was/were authorized by an affirmat or as otherwise provided in the articles of organic company.	by l office ited ive vote nization	
DANNY R THOMAS			
Printed or typed name of signee			
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, V.S. Or, if this document is being fi address, I hereby confirm that the limited liability	gent and agree to act in this capacity. I further to the proper and complete performance of many position as registered agent as provide iled to merely reflect a change in the registered of this company has been notified in writing of the company has been notified in writing the company	r agree to y duties, d for in d office change.	
Signature of Registered Agent	<del></del>		

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