## LD500096528

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(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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MAY 14 2008

**EXAMINER** 

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05/12/08--01037--003 \*\*25.00

SECRETARY OF STATE ALLAHASSEE, FLORID!

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	DINGS, LLC 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	g this matter to the following:
JOEL MARCUS	
(Name of Person)	
JOEL MARCUS, CPA	<u>\</u>
(Tim/Company)	
676 WEST PROSPECT I	ROAD
(Address)	
FT. LAUDERDALE, FL 333	309
(City/State and Zip Code)	<del></del>
For further information concerning this ma	tter, please call:
HAZEL	at (954) 566 8513
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
<b>✓</b> \$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.

agent, or both, in the State	e of Florida.		· · · · · · · · · · · · · · · · · · ·			G
1. The name of the limited	d liability company i	s: RDW HC	OLDINGS, LLC			
2. The mailing address of	the limited liability	company is :				
2516 SW	/ 4TH AVENUE, FT	. LAUDERDAI	LE, FL 33315	<u></u>		
09/29/2005			L0500009652	8		
			4. Document nun	nber		
5. The name of the registe Florida Department of S		gistered office a	address as shown o	on the record	ds of th	he
	BSPA CORPO		RVICES, INC.			
		Name				
	350 E. L		VD., STE 1000			
	ET LALI	Address	. 22245		~ `	
		DERDALE, F		<b>P</b> S	300	
6. The name and address of	•	•		CRETARY OF STATE LAHASSEE, FLORID	2008 MAY 12	T
	JOEL MARCI	US				
	676 WEST PR	Name ROSPECT RO	DAD		PH 2: 06	Ö
	Florida street addre	ess (P.O. Box N	NOT acceptable)		8	
	FT. LAUDERDA	LE FL 3330	9			
	City.	, State and Zip				
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authority).	nange or changes are the registered agent reby confirmed that t nited liability compar at of the limited liabil	made, the Flor will be identica the change(s) w ny or as otherw lity company.	ida street address	of the regist	ered o Timite	office
JOEL MARCU	IS					
(Printed or typed name of signee)						
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, thereby confirm (Signature of Beristered Agent)	ntment as registered s of all statules relat d accept the obligation his document is bein that the limited liabi	l agent and agre ive to the propo ons of my posit g filed to merel ility company h	ee to act in this ca er and complete po jon as registered a ly reflect a change as been notified in	pacity. I fur erformance ( igent as pro in the regis writing of t	rther c of my vided tered this ck	igree to duties, for in office iange.

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

INHS18 (8/05)