

L05000101871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. BRYAN

JUL -7 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2011

FRANCINE KRATHEN
RSMO LLC
515 E LAS OLAS BLVD STE 440
FT. LAUDERDALE, FL 33301

SUBJECT: RSMO, LLC
Ref. Number: L05000101871

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TALLAHASSEE, FLORIDA

We have received your document for RSMO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 611A00014235

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSMO, 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:

Francine Krathen
Name of Person

PSMO LLC
Firm/Company

515 E. Las Olas Blvd #440
Address

Ft. Lauderdale FL 33301
City/State and Zip Code

skikrathen@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Francine Krathen at (954) 389-7684
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: RSMD LLC
2. (a) Principal office address of limited liability company: 515 ELASDIAS Blvd #440
Ft. Lauderdale FL 33301
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 515 E. Las Olas Blvd #440
Ft. Lauderdale FL 33301
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 10/14/05
4. Document number: LO5000101871
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Francine Krathen
Registered Office Address: 101 NE 3rd Ave Ste 1100
Ft. Lauderdale, FL 33301
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Francine Krathen
NEW Registered Office Address: 515 ELASDIAS Blvd #440
(MUST BE FLORIDA STREET ADDRESS) Ft. Lauderdale, FL 33301

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

Stefanie Krathen-Ginnis
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
11 JUL - 6 AM
SECRETARY OF
TALLAHASSEE