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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	200
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2007

JUAN ALFREDO RUIZ RR FLORIDA INVESTMENTS, LLC 3320 LOWSON BLVD DELRAY BEACH, FL 33445

SUBJECT: R & R FLORIDA INVESTMENTS, LLC

Ref. Number: L06000011023

We have received your document for R & R FLORIDA INVESTMENTS, 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):

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) 245-6097.

ENCLOSED PLEASE FIND THE FLORIDATION OF SIMILAR CASHED ON 1/5/07

CNEET FORM. WAS CASHED ON 1/5/07

CNECK # 2016 FIR \$35 WAS CASHED ON 1/5/07

PLEASE REFUND \$10

PLEASE REFUND \$10

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	R FLORIDA	INVESTMENTS, LL	- C	
(Name of Limited Liability Company)				
•	Agent/Registered Office Chandence concerning this matte	ange and fee(s) are submitted for fier to the following:	ling.	
JUAN ALFA	REDO RVIZ			
(Name of Person)				
3320 COW	INVESTMENTS, L 1/Company) JSON BLUD ddress)		07 FEB 26 AM II: 3 SECRETARY OF STATE TALLAHASSEE, FLORID	
	TACH, FL 33 te and Zip Code)	445	31 OA	
	ncerning this matter, please	call: 61 350-6923 (Area Code & Daytime Teleph	_ none Number)	
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	tions ter Circle	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. The name of the limited liability company is:

RR FLORIDA INVESTMENTS, LLC.

2. The mailing address of the limited liability company is:

ON ON DELRAY BEACH, FL 33445

LO6 0000 11023

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:

RR FLORIDA INVESTMENTS, LLC

Name

ORAL GABLETS, FL 33134

City, State and Zip

OFLRAY BEACH, FL 33445

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

FL

City, State and Zip

FL

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is to 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)

TVAN ALPREM RYZ

(Printed or typed name of signee)

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 FILING FEE: \$25.00