3529

(Requestor's Name)		
(Address)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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G. MCLEOD

JUN 1 6 2009

EXAMINER



000155949060

000155949060 06/11/09--01056--022 **25.00

01 :6 NV 21 NOF 60

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RD2 TEXTILE COMMANY 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:		
MARC ODROBINA Name of Person		
VALDOR APPAREL LLC Firm/Company		
6820 HALDOF LYONS TECHNOLOGY CIRCLE, H220		
COCONUT CREEL FL 33073 City/State and Zip Code		
HODRIBINA A VALDER - ORG E-mail address: (to be used for fature annual report notification)		
For further information concerning this matter, please call:		
MARC ODROBINA at (954) 363-7363		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations 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 amount:		
\$25 Filing Fee \$25 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:	TEXTILE COMPANY LLC
2. (a) Principal office address of limited liability company	: 6820 LYONS TECHNOLOGY CIPCLE
(Note: MUST BE STREET ADDRESS)	COCONUT CREEK FL 330/3
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	SAME
4/4/06	L060-6003-5296
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	CORP DIRECT ALEUTS, INC
Registered Office Address:	SIS EAST PARL AVE TALLAHASSEF, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	
NEW Registered Agent:	VALDOR APPAREL LLC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6820 LYONS TECHNOLOGY CIRCLE SUTTE 220 (CONUT CLEEK FL 33073
If the limited liability company is not organized under the legislation of the limited that after the change or changes are made, the Fl and the business office of the registered agent will be identified liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member authorized representative of a member	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Printed or typed name of signce	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to: per and complete performance of my duties; sition as registered agent as provided for in: rely reflect a change in the registered office; has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 632	27. Tallahassee, FL 32314

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