

**L06000053500**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

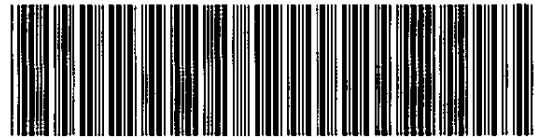
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**200183348942**

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**FILED**  
**10 JUL 16 AM 10:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**N. Odigan JUL 19 2010**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RBC OF CENTRAL FLORIDA 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:

ROBERT B. COLVIN

Name of Person

RBC OF CENTRAL FLORIDA LLC

Firm/Company

P.O. BOX 581157

Address

ORLANDO, FL 32858

City/State and Zip Code

ROBERTCOL357@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT B. COLVIN

Name of Person

at ( 321 )

303-3645

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: RBC OF CENTRAL FLORIDA LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_



(Note: **MUST BE STREET ADDRESS**)

3132 WINDING PINE TRL  
LONGWOOD, FL 32779

(b) Mailing address of limited liability company: \_\_\_\_\_



(Note: **MAY BE POST OFFICE BOX**)

P.O. BOX 581157  
ORLANDO, FL 32858

05/23/06

L06000053500

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent:

ROBERT B. COLVIN

Registered Office Address:

5287 ALHAMBRA DR.  
ORLANDO, FL 32808

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** \_\_\_\_\_

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

3132 WINDING PINE TRL.

LONGWOOD, FL 32779

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 of a member or authorized representative of a member

ROBERT B. COLVIN

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. If, 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**