## L0400000566673

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT WAIT	MAIL		
(Bı	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		,		
	·····			

Office Use Only



300118810233

02/28/08--01026--004 \*\*25.00

SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

[ <u>}</u>}

J. BRYAN

FEB 2 9 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: RJT, LLC (Name of Limi	ited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Robert A.G. LeVine, Esq. (Name of Person)			
(Firm/Company)	08 FEB 28		
5813 S. MacDill Ave.	28		
(Address)	PA RPOX		
Tampa, FL 33611	8 PM 12: 58		
(City/State and Zip Code)			
For further information concerning this matter, p	please call:		
Robert A.G. LeVine, Esq.	(813 ) 805-8705		
(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 a	mount:		
\$25 Filing Fee	S55 Filing Fee & Certified Copy		

INHS18 (8/05)

## 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 limits	ed liability compan	y is: RJT, LLC				
2. The mailing address o			N. 50th Street, Tampa	a, FL 33610		
2. The maning address o	of the innited habin	ity company is :		<del></del>		
6/2/2006	10000	L06	00056673		·	
3. Date of filing/registration in Florida		4. [	4. Document number			
5. The name of the regist Florida Department of	ered agent and the State:	registered office addre	ess as shown on the r	records of th	e	
	Charles P. Chr					
	005 5 1 0	Name				
	225 E. Lemon S					
Address Lakeland, FL 33806				<b>_</b>		
		City, State and Zip	<del></del>	08 F	IV IO	
6. The name and address		•		FEB 2	SION OF	
	Robert A.G. LeVine, Esq.			ထ	87F	
	Name			2	390	
	5813 S. MacDill Ave.			22	PSTA A	
	Florida street ac	ldress (P.O. Box NOT	'acceptable)	PM 12: 58	Y OF STATE CORPORATIONS	
	Tampa	FL 33611		_	ਲ	
	C	ity, State and Zip		<del>_</del>		
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the liability company agreement the operating agreement.	change or changes f the registered age ereby confirmed th mited liability com	are made, the Florida sent will be identical. Coat the change(s) was/vany or as otherwise p	street address of the P Dr, in the case of a Fl vere authorized by ar	registered o: lorida limite n affirmative	ffice d vote	

(Signature of a member or authorized representative of a member)

(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)