

L06000063703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

L06-63703

(Document Number)

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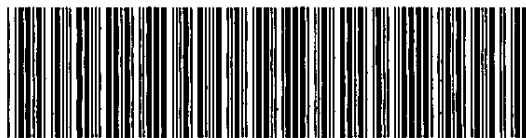
Special Instructions to Filing Officer:

A. LUNT

OCT 16 2008

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2008

DANA I. PHILP
906 WEST HENRY AVE.
TAMPA, FL 33604

SUBJECT: RIVER RAT I, LLC
Ref. Number: L06000063703

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We have received your document for RIVER RAT I, 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 208A00049081

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVER RAT 1, 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:

DANA I. Philp
(Name of Person)

(Firm/Company)

906 WEST HENRY AVE
(Address)

TAMPA, FL 33604
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

DANA I. Philp at (813) 310 9039
(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: River Rat 1, LLC.
2. (a) Principal office address of limited liability company: 906 WEST HENRY AVE
(Note: **MUST BE STREET ADDRESS**) TAMPA, FL 33604

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

June 23, 2006
3. Date of filing/registration in Florida

L0600006370
4. Document number

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

Registered Agent:

Registered Office Address:

LOREN FRAZEE + ASS SCOTT LODEN DANA I. Philp
4601 Central Ave 906 West Henry Ave
St. Pete FL TAMPA, FL 33604
33713

(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**)

DANA I. Philp
906 West Henry Ave
TAMPA, FL 33604

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.

Dana I. Philp
(Signature of a member or authorized representative of a member)

DANA I. Philp
(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

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : LOS FELIZ LLC
Account Number : I20080000092
Phone : (305) 764-5251
Fax Number : (305) 674-0311

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TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

LOS FELIZ, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

A. LUNT
OCT 16 2008
EXAMINER

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONSRESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Los Feliz LLC


2. This limited liability company was organized under the laws of:

Florida

3. The Florida document/registration number of this limited liability company is:

LO60000110634. I, ANNA VALENCIA, hereby resign as a MANAGER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or ManagerFiling Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2E079 (3/06)

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