

L06000109608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

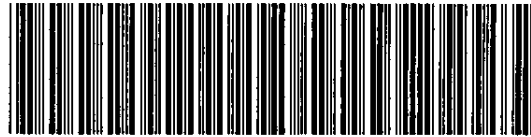
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000242293040

12/19/12--01010--014 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN -2 PM 3:48

JAN - 4 2013

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SALUDA ROAD 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:

BRUCE A. RUMPH  
Name of Person

\_\_\_\_\_  
Firm/Company

223 MIRAMAR RD  
Address

LAKELAND, FL. 33803  
City/State and Zip Code

BRU1228@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE A. RUMPH at ( 863 ) 698-0019  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

13 JAN -2 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 20, 2012

BRUCE A RUMPH  
23 MIRAMAR RD  
LAKELAND, FL 33803

SUBJECT: SALUDA ROAD, LLC  
Ref. Number: L06000109608

We have received your document for SALUDA ROAD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 712A00030071

**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: SALUDA ROAD LLC

2. (a) Principal office address of limited liability company: ~~SALUDA RD~~  
(Note: **MUST BE STREET ADDRESS**) 1208 BRIGHTON WAY  
LAKELAND, FL. 33813

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

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

WILLIAM R. RUMPH (DECEASED)

Registered Office Address:

1208 BRIGHTON WAY  
LAKELAND, FL. 33813

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

**NEW Registered Agent:**

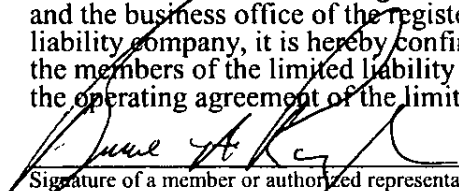
BRUCE A. RUMPH

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

223 MIRAMAR RD  
LAKELAND, FL. 33803  
\_\_\_\_\_, FL \_\_\_\_\_

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

Bruce A. Rumph, MGRM  
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