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G. MCLEOD

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: RCLC CONSTRUCTION L (Name of	LC 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	g this matter to the following:
RALPH L. CARUSO	
(Name of Person)	
RCLC CONSTRUCTION LLC (Firm/Company)	
2100 SPRINGWATER LANE	
(Address)	
PORT ORANGE, FLORIDA 32128	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this mat	ter, please call:
RALPH L. CARUSO	at (740 ) 627-6696 or (386) 761-8480
(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	ng amount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STÄTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisio liability company submit agent, or both, in the Stat	s the following stateme	or 608.508, Florida Statutes, the in order to change its registere	e undersigned ed office or re	l limited egistered
1. The name of the limite	ed liability company is:	RCLC CONSTRUCTION LLC		·
2. The mailing address o	f the limited liability co	mpany is : 2100 SPRINGWATER L	ANE, PORT O	RANGE,
FL 32128				,
9-14-07		L07000094216		
3. Date of filing/registrat	ion in Florida	4. Document number	•	
5. The name of the register Florida Department of		tered office address as shown on the	ne records of t	he
	RALPH L. CARUSO	)		
		Name		
		OULEVARD, SUITE G		2
		Address	, 80	SEC
	LEESBURG, FL 347	State and Zip		
	City,	State and Zip	$\sim$	. 5
6. The name and address	of the new registered as	gent and/or office:	<i>₹</i> 0	-139=
	RALPH L. CARUSO		70	र दर्ज
		Name	Ŧ.	a s made a
	2100 SPRINGWATER		19	
		s (P.O. Box NOT acceptable)	_	٠.
		•		
	PORT ORANGE,	FL 32128		
	City, S	tate and Zip		
confirmed that after the c and the business office of liability company, it is he	hange or changes are managed the registered agent wingles that the mited liability company	under the laws of the State of Flori ade, the Florida street address of the identical. Or, in the case of a change(s) was/were authorized by or as otherwise provided in the art y company.	he registered o Florida limite an affirmativ	office ed ve vote
(Signature of a member or author	rized representative of a member	er)		
RALPH L. CARUSO				
(Printed or typed name of signee)	)	<del> </del>		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered a us of all statules relative ad accept the obligation this document is being j uthat the limited liabilit	gent and agree to act in this capace e to the proper and complete perfor s of my position as registered agen filed to merely reflect a change in t y company has been notified in wr	ity. I further of rmance of my it as provided he registered iting of this ch	igree to duties, for in office lange.

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

(Signature of Registered Agent)