L07600167671

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
OF CORPORATION
OF AM IN: 15

T. HAMPTON

NOV 1 7 2009

EXAMINER

COVER LETTER ---

Division of Corporations			
SUBJECT: Paul Ruiz, LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Paul Ruiz Name of Person			
Paul Ruiz, LLC Firm/Company			
2906 49th St. SW			
Lehigh FU 33976 City/State and Zip Code			
E-mail address: (to be used for future annual report notification	on)		
For further information concerning this matter, plea	ase call:		
Paul Ruiz at (at (Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle - Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		



RECEIVED

09 OCT 27 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 12, 2009

PAUL RUIZ 2906 49TH ST SW LEHIGH, FL 33976

SUBJECT: PAUL RUIZ, LLC Ref. Number: L07000107671

We have received your document for PAUL RUIZ, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 009A00032748

District of Comparations D.O. DOV 6207 Tollahorses Florida 20214



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 NOV 16 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 28, 2009

PAUL RUIZ 2906 49TH ST SW LEHIGH ACRES, FL 33976

SUBJECT: PAUL RUIZ, LLC Ref. Number: L07000107671

We have received your document for PAUL RUIZ, 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):

You failed to make the correction(s) requested in our previous letter.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 409A00034154

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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 000 10767 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (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) 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 limite liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative after 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 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 affiles, 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

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