## 108000085698

(Re	equestor's Name)			
(Ad	ldress)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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D. BRUCE
JUN 14 2010
EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2010

JORGE E. RODRIGUEZ 7012 SOUTH SPARKMAN STREET TAMPA, FL 33616

SUBJECT: JORGE RODRIGUEZ ASSOCIATES LLC

Ref. Number: L08000085698

We have received your document for JORGE RODRIGUEZ ASSOCIATES 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):

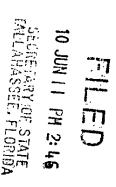
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 210A00013950



## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	ECT:J	orge E. Rodri Name of Limited			<u>_C</u>	
Dear	Sir or Madam:					
The e	nclosed Registered Agent/R	egistered Office (	Change a	and fee(s) are sub	bmitted for filing.	
Please	e return all correspondence	concerning this m	atter to t	he following:		
	Jorge E. Roc			<del>-</del>		
	Name of Perso	n				
	Jorge E. Rodriguez A			_		<b>5</b> = ⋅
	Firm/Company	,			50 35	Ξ.
					() F0   P0	- 1
	7012 South Spark	man Street		_		2 /
	Address				ES S	
						-
	Tampa, Florida	a 33616			<b>&gt;</b>	
	City/State and Zip			-		
	jrodassociates@ -mail address: (to be used for future a	ນູaol.com				
Е	-mail address: (to be used for future	innual report notification	on)	•		
For fu	orther information concerning	g this matter, plea	ase call:			
	Jorge E. Rodriguez	at (	813-	) 8:	31-8917	
	Name of Person		Α	rea Code & Daytime	Telephone Number	
	STREET/COURIER ADD	DFCC.	MAI	LING ADDRESS	ç.	
	Registration Section Registration Section		<b>5.</b>			
	Division of Corporations Division of Corp			ns		
	Clifton Building			Box 6327		
•	2661 Executive Center Circl	e		hassee, Florida 32	2314	
	Tallahassee, Florida 32301					
	Enclosed is a check for the	ne following amo	ount:			
	\$25 Filing Fee		\$55	Filing Fee & Co	ertified 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:	E. Rodriguez Associates,LLC				
2. (a) Principal office address of limited liability company	7012 South Sparkman Street				
(Note: MUST BE STREET ADDRESS)	Tampa, Florida, 33616				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)					
September 2008	L08000085698				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:				
Registered Agent:	Corporation Service Company				
Registered Office Address:	1201 Hays Street Tallahassee, Florida, 32301 F				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	V Registered Office address				
NEW Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	7012 South Sparkman Street				
	<u>Tampa</u> ,FL <u>33616</u>				
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 amember or authorized representative of a member					
TORAE E. RODRIAUEZ Printed or typed name of signee	-				
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.				

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

Signature Registered Agent