## 108000089081

(Requestor's Name)						
(Address)						
(Address)						
(Audiess)						
(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



800184009058

08/30/10--01019--025 \*\*35.00

FILED

10 OCT 22 M W. DI

PALLAHASSEE, FLOORIE

D. BRUCE
OCT 25 2010
EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2010

MICHAEL P. PETERSON, ESQ. PETERSON & ESPINO, P.A. 10631 SOUTHWEST 88TH STREET, SUITE 220 MIAMI, FL 33176

SUBJECT: RZS HOLDINGS, L.L.C.

Ref. Number: L08000089081

We have received your document for RZS HOLDINGS, L.L.C. 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 310A00020949



## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	UBJECT: RZS Holdings, L.L.C.  Name of Limited Liability Company						<del></del>
	Name	Ji Lillille	u Liaviii	ty Company	у		
Dear	Sir or Madam:						
The e	nclosed Registered Agent/Registere	d Office (	Change a	and fee(s) a	re submitted	l for filing	<u>,</u>
Please	e return all correspondence concerni	ing this m	atter to	the followin	ıg:		
	Michael P. Peterson, Es	sq.		_			
	Peterson & Espino, PA	Д		_			
	Firm/Company					3760	
10631 Southwest 88th Street, Suite 2			0	_		ECKETAR	10 OCT 22 M P. O.
	Miami, Florida 33176 City/State and Zip Code	3		_		COF STA	きに
	·					Dm.	<u> </u>
	mpeterson@petersonespin	o.com				****	
E	mpeterson@petersonespin -mail address: (to be used for future annual repo	ort notification	on)				
For fi	orther information concerning this m	ıatter, ple	ase call:				
	Michael P. Peterson, Esq.	at (_	305	_)	270-37	73	
	Name of Person		Ā	Area Code & Da	aytime Telephor	ne 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 follow	wing am	ount:				
\$25 Filing Fee \$55 F				5 Filing Fee	& Certified	1 Сору	

## ... 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.

3						
1. Name of the limited liability company:	RZS Holdings, L.L.C.					
2. (a) Principal office address of limited liability company:						
(Note: MUST BE STREET ADDRESS)	10631 Southwest 88th Street, Suite 220 Miami, Florida 33176					
(b) Mailing address of limited liability company:						
(Note: MAY BE POST OFFICE BOX)						
09/17/2008	L08000089081					
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:	Michael P. Peterson, Esq.					
Registered Office Address:	8900 Southwest 117 Ave., Suite C-104 Miami, Florida 33186					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> : <u>Michael P. Peterson, Esq.</u>						
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	c/o Peterson & Espino, PA 10631 Southwest 88th Street, Suite 220 Miami ,FL33176					
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	SSR N					
Michael P. Peterson, Mgr.  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product and I am familiar with and accept the obligations of my post-chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. Further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas 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