## L08000112759

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	·	s of Status
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2011

DR. ROBERT BELLINO 1450 59TH STREET WEST BRADENTON, FL 34209

SUBJECT: RSB INVESTMENTS, LLC

Ref. Number: L08000112759

We have received your document for RSB INVESTMENTS, LLC 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) 245-6067.

Letter Number: 311A00008556

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RSB Investments, LI Name of Limited L	• • • • • • • • • • • • • • • • • • • •		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Thomas A. Moseley Name of Person			
Thomas A. Moseley, Chartred Firm/Company	<del></del>		
1724 Manate Avenue West			
BYUNENTON, FL 34205 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)	<u>)m</u>		
For further information concerning this matter, please	call:		
Thomas A. Moseley at (94	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		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LÍMITED 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.

agent, or both, in the state of Florida.	
1. Name of the limited liability company: RSB In	ivestments, LCC.
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	1450 59th street West Bradenton, Fl 34209 2
(b) Mailing address of limited liability company:	VISE VISE
(Note: MAY BE POST OFFICE BOX)	1450 59th Street West PA
12/09/2008	<b>3</b>
3. Date of filing/registration in Florida	L08000112759 프로
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State
Registered Agent:	Robert J. Bellino
Registered Office Address:	1450 59th Street West Bradenton, FL 34209
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: Thomas A. Moseley
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1724 Manate Avenue Mest
	Bradenton ,FL 34205
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
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 prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address.) I hereby confirm that me limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314
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**FILING FEE: \$25.00** 

INHS18 (05/08)