

L 08000115084

(Requestor's Name)

(Address)

(Address)

(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



100249735121

07/18/13--01021--012 \*\*25.00

FILED

2013 JUL 18 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 19 2013

J. BRYAN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RM Certified Homeworks LLC

Name of 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 this matter to the following:

Robert Masquelier

Name of Person

RM Certified Homeworks LLC

Firm/Company

13126 Regent Circle

Address

Fort Myers, Fl. 33966

City/State and Zip Code

RMCertified@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Masquelier

Name of Person

at ( 239 ) 826-0181

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

**FILED**  
2013 JUL 18 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

1 08000115084

- Registered Office Address: 18501 Lynn Road  
North Fort Myers, Fl. 33917

- NEW Registered Office Address:**  
***(MUST BE FLORIDA STREET ADDRESS)***

Robert E. Marquardt  
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 duties, 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.*

Robert E. Marquell  
Signature of Registered Agent

**FILING FEE: \$25.00**