# L090000 12989

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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04/29/11--01045--025 \*\*35.00

05/20/11--01008--005 \*\*25.00

11 MAY 19 PM 3: 29

T. HAMPTON

MAY 2 0 2011

**EXAMINER** 

### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Ruby Moder Name of Limite	n Solvits LLC d 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:		
Andrew Sperher.		
Ruby Modern Spirits //C		
1065 NE 125th St #325		
North Migmi FL 33161 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Andrew Sperber at (3	305 ) 807-2836 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	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

11 MAY 19 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 9, 2011

ANDREW SPERBER 1065 NE 125TH ST # 325 N MIAMI, FL 33161

SUBJECT: RUBY MODERN SPIRITS LLC

Ref. Number: L09000012989

We have received your document for RUBY MODERN SPIRITS 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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: 111A00011407

## 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. liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: Ruby	Modern Spirits
2. (a) Principal office address of limited liability compan	y: 1065 NE 125th St. #3
(Note: MUST BE STREET ADDRESS)	North Migmi FL 33/6/
(b) Mailing address of limited liability company:	See above
(Note: MAY BE POST OFFICE BOX)	
2/9/2009	409000012989
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:	ANDREW, SPERBER6103 AQUA AVE
Registered Office Address:	802 MIAMI_BEACH, FL 33141
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Andrew Sperker
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1065 NE 125th St #325 North Miami FL 33161
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 iden liability 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 amember or authorized representative of a member  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 particle of the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particle of the provisions of the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote wise provided in the articles of organization SCRETARY OF CORPOR
Chapter 608, F.S. Or it his document is being filed to me address. I hereby confirm that the limited liability company	rely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent