L09000049139

(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



400187214294

11/01/10--01004--011 **25.00

10 NOV - 1 AM 10: 27

FILED SECRETARY OF STATE DIVISION OF CORPORATION

B. KOHR
NOV - 2 2010
EXAMINER

COVER LETTER

SUBJECT: RCSB, 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: Karen Carraway Name of Person Sunrise Bank Finn/Company 5604 N. Atlantic Ave. Address Cocoa Beach, FL 32931 City/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle - Tallahassee, Florida 32301 - 2 Tallahassee, Florida 32314	TO:	Registration Section Division of Corporations			
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: Karen Carraway Name of Person Sunrise Bank Firm/Company 5604 N. Atlantic Ave. Address Cocoa Beach, FL 32931 Cuty/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314		is to see a partition of		, , , , , , , , , , , , , , , , , , ,	
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: Karen Carraway Name of Person Sunrise Bank Firm/Company 5604 N. Atlantic Ave. Address Cocoa Beach, FL 32931 Cuty/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	SHRI	r <i>C</i> т.	RCSB LLC		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Karen Carraway Name of Person Sunrise Bank Finn/Company 5604 N. Atlantic Ave. Addréss Cocoa Beach, FL 32931 City/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway Name of Person Area Code & Daytine Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Karen Carraway Name of Person Sunrise Bank Finn/Company 5604 N. Atlantic Ave. Addréss Cocoa Beach, FL 32931 City/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway Name of Person Area Code & Daytine Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	Dear 9	Sir or Madam			
Name of Person					
Sunrise Bank Firm/Company	The e	nclosed Registered Agent/Registered (Office Ch	ange and fee(s) are submitted for filing.	
Sunrise Bank Finn/Company 5604 N. Atlantic Ave. Addréss Cocoa Beach, FL 32931 City/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway at 321 784-8333 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Cocoa Beach, FL 32931 City/State and Zip Code Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	Pleasc	e return all correspondence concerning	g this mat	er to the following:	
Sunrise Bank Finn/Company 5604 N. Atlantic Ave. Address Cocoa Beach, FL 32931 City/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway at 321 784-8333 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Cocoa Beach, FL 32931 City/State and Zip Code Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314		ų n		t. • •	
Sunrise Bank Finn/Company 5604 N. Atlantic Ave. Addréss Cocoa Beach, FL 32931 City/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway at 321 784-8333 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Cocoa Beach, FL 32931 City/State and Zip Code Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314					
Sunrise Bank Finn/Company 5604 N. Atlantic Ave. Addréss Cocoa Beach, FL 32931 City/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway at (321) 784-8333 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clifton Building P.O. Box 6327 Tallahassee, Florida 32314		Karen Carraway Name of Person			
Finn/Company 5604 N. Atlantic Ave. Address Cocoa Beach, FL 32931 City/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway at (321) 784-8333 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		Willie Of Feldon			
Finn/Company 5604 N. Atlantic Ave. Address Cocoa Beach, FL 32931 City/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway at (321) 784-8333 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		Sunrise Bank			
Cocoa Beach, FL 32931 City/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway at (321) 784-8333 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clifton Building P.O. Box 6327 Tallahassee, Florida 32314				,	
Cocoa Beach, FL 32931 City/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway at (321) 784-8333 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clifton Building P.O. Box 6327 Tallahassee, Florida 32314		the second of the	•		
Cocoa Beach, FL 32931 City/State and Zip Code kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway at (321) 784-8333 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314		. 5604 N. Atlantic Ave.			
Kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway	•	Address			
Kcarraway@sunrisebank.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Carraway					
Kcarraway@sunrisebank.com					
For further information concerning this matter, please call: Karen Carraway		City/State and Zip Code		•	
For further information concerning this matter, please call: Karen Carraway		kcarraway@sunrisebank.co	om		
Karen Carraway at (321) 784-8333 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	Е	-mail address: (to be used for future annual report	notification)		
Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	For fu	orther information concerning this mat	ter, pleas	e call:	
Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			at (
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		Name of Person		Area Code & Daytime Telephone Number	
Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314					
2661 Executive Center Circle Tallahassee, Florida 32314					
				Tananassee, Florida 52514	
Enclosed is a check for the following amount:		Enclosed is a check for the following	ng amou	nt:	
\$25 Filing Fee \$\infty\$ \$55 Filing Fee & Certified Copy			٦٥	<u> </u>	

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.

Name of the limited liability company:	- Uaka				
2. (a) Principal office address of limited liability company	5604 N. Atlantic A				
(Note: MUST BE STREET ADDRESS)	Cocoa Beach, FL 32931				
(b) Mailing address of limited liability company:	5604 N. Atlantic Ave.				
(Note: MAY BE POST OFFICE BOX)	Cocoa Beach, FL 32931				
05/20/2009	L09000049139				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:				
Registered Agent:	Larry Roselle				
Registered Office Address:	5604 N. Atlantic Ave Cocoa Beach, FL 32931				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	Kevin M. Sacket				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5604 N. Atlantic Ave				
	Cocoa Beach ,FL32931				
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					
Sunrise Bank, Kevin M. Sacket, President Printed or typed name of signee	-				
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pro and 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 the limited liability company	gree to act in this capacity. I 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 y has 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