

L10000109959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



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01/09/12--01027--017 **25.00

FILED
12 FEB 22 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renaissance Biologic Resources, 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:

Joshua Mansavage

Name of Person

Renaissance Biologic Resources, LLC

Firm/Company

2438 Brunello Trace

Address

Lutz, FL 33559

City/State and Zip Code

joshm@rbmr.us

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

For further information concerning this matter, please call:

Joshua Mansavage

Name of Person

at (813)

528-8705

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

January 12, 2012

RENAISSANCE BIOLOGIC RESOURCES, LLC
2438 BRUNELLO TRACE
LUTZ, FL 33559

SUBJECT: RENAISSANCE BIOLOGIC RESOURCES, LLC
Ref. Number: L10000109959

*for filing due.
2/14/12*

We have received your document for RENAISSANCE BIOLOGIC RESOURCES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 812A00000888

From:

02/24/2012 15:33

#262 P.002/002

02-16-'12 12:02 FROM-roberts,seward,speed 8132213135

T-744 P001/001 F-497

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.

1. Name of the limited liability company: Renaissance Biologic Resources, LLC

2. (a) Principal office address of limited liability company: 3438 Bennello Trace

(Note: **MUST BE STREET ADDRESS**)

Lutz, FL 33558

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3575-1 E. Inland Empire Blvd
Ste 1100, Ontario, CA

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:

Richard Roberts

Registered Office Address:

609 E. Jackson St
Tampa, FL 33609

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

James Snow

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2438 Bennello Trace

Lutz, FL 33558

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.

X Richard Roberts
Signature of a member or authorized representative of a member

Richard Roberts
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.

X Richard Roberts
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

12 FEB 22 AM 10:47
CLERK OF STATE
TALLAHASSEE, FL 32314

FILED