10000131156

(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:

L. SELLERS

AUG 18 2011

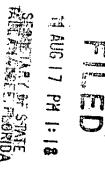
EXAMINER

Office Use Only



700211044207

08/17/11--01024--010 **55.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CELLULAR CITY OF SOUTH FLORIDA, 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:		
rease retain an correspondence concerning and matter to the ronowing.		
Jack Short Name of Person		
Name of Ferson		
RLS Capital, LLC		
Firm/Company		
2750 N.E. 185th Street, Suite 201		
Address		
Aventura, FL 33180		
City/State and Zip Code		
Fric Friedman@cellularcityonline.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jack Short at (954)318-1000		
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		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified Copy		

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:	R CITY OF SOUTH FLORIDA, LLC	
2. (a) Principal office address of limited liability company	: 1203 South Powerline Road	
(Note: MUST BE STREET ADDRESS)		
	Pompano Beach, FL 33069	
(b) Mailing address of limited liability company:	1203 South Powerline Road	
(Note: MAY BE POST OFFICE BOX)		
	Pompano Beach, FL 33069	
12/27/2010	L10000131156	
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:	Robert Shelley	
Registered Office Address:	2750 N.E. 185th Street	
	Suite 201 Aventura, FL 3318-	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Eric Friedman	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1203 South Powerline Road	
mest bet enibristreet hibbressy	Pompano Beach ,FL33069	
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 ident 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 a member of authorized representative of a member Robert Shelley 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 product of the provisions of all statutes relative to the product of the provisions of the confirmation of the limited liability company address, I hereby confirm that the limited liability company	gree to act in this capacity. Firther spree to	

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

Signature of Registered Agent