1110000005466

. (Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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L. SELLERS

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EXAMINER

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02/03/11--01007--009 **25.00



COVER LETTER

TO:	Registration Section Division of Corporation	s	
SUBJ	ECT:		RENTAL SERVICES
		Name of Limited	d Liability Company
Dear S	Sir or Madam:		
The en	nclosed Registered Agent	Registered Office	Change and fee(s) are submitted for filing.
Please	return all correspondence	e concerning this m	atter to the following:
	RICHARD BE	I HI IMELIA	
	Name of Per		
	Firm/Compa	inv	
	·	•	
	P.O. BOX	K 606	
	Address		
	FLAGLER BEACH, FL		06
	City/State and Z	ip Code	
	RRSOFC@A mail address: (to be used for futur	ATT.COM	m)
E-	man address, (to be used to futal	o amuai report nouncant	, , , , , , , , , , , , , , , , , , ,
For fu	rther information concern	ing this matter, plea	ase call:
	RICHARD BELHUM	EUR at (386) 503-5030
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER AD	DRESS.	MAILING ADDRESS:
	Registration Section	DRESS.	Registration Section
	Division of Corporations	•	Division of Corporations
	Clifton Building		P.O. Box 6327
	2661 Executive Center Cir	cle	Tallahassee, Florida 32314
	Tallahassee, Florida 32301		
	Enclosed is a check for	the following amo	unt:
ł	✓ \$25 Filing Fee		\$55 Filing Fee & Certified Copy



February 7, 2011

RICHARD BELHUMEUR P.O. BOX 606 FLAGLER BEACH, FL 32136-0606

SUBJECT: RESIDENTIAL RENTAL SERVICES LLC

Ref. Number: L11000005466

We have received your document for RESIDENTIAL RENTAL SERVICES 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 511A00003214

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.	Na	me of the limited liability company:RESID	DENTIAL RENTAL SERVICES	
2.	(a)	Principal office address of limited liability company	1015 S. FLAGLER AVENUE	
	` ,	(Note: MUST BE STREET ADDRESS)	FLAGLER BEACH, FLORIDA 32136	
	(b)	Mailing address of limited liability company:	P.O. BOX 606	_
		(Note: MAY BE POST OFFICE BOX)	FLAGLER BEACH, FLORIDA 32136	_
		01/13/2011	L11000005466	
3.	Dat	te of filing/registration in Florida	4. Document number	
5.	(a)	Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
		Registered Agent:		
		Registered Office Address:		_
				_
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address:	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1011 S. FLAGLER AVENUE	
		MUSI BE FLURIDA STREET ADDRESS	FLAGLER BEACH ,FL 32136	
co an lia of or Sig	nfirr d the bilit the the	imited liability company is not organized under the lend that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company agreement of the limited liability company and edit a member or authorized representative of a member or typed name of signee	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
	4	by accept the appointment as registered agent and as with the provisions of all statutes relative to the proving familiar with and accept the obligations of my poster 608, F.A. Or of this document is being filed to men something confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	to ,

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