

L12 0000 19157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

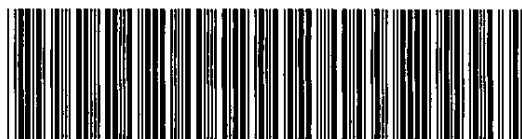
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2012 JUN 29 PM 3:12

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T. CLINE

JUL - 3 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2012

LIZA RODRIGUEZ
2039 W 62 STREET
HIALEAH, FL 33016

SUBJECT: R. R. FLEET SERVICE, LLC
Ref. Number: L12000019157

We have received your document for R. R. FLEET SERVICE, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 112A00017009

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R.R. Fleet Service, 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:

Liza Rodriguez
Name of Person

R.R. Fleet Service, LLC
Firm/Company

2039 W. 6th Street
Address

Tallahassee, FL 32301
City/State and Zip Code

Li5970@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liza Rodriguez at (786) 486-0737
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

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

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TALLAHASSEE, FLORIDA

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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.R. Fleet Service, LLC
2. (a) Principal office address of limited liability company: 2039 W. 62nd Street
Hialeah, FL 33016
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 2039 W. 62nd Street
Hialeah, FL 33016
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida _____
4. Document number L12000019157
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Leonel Delaunzarán
Registered Office Address: 2039 W. 62nd Street
Hialeah, FL 33016
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address
NEW Registered Agent: Liza Rodriguez
NEW Registered Office Address: 2039 W. 62nd Street
(MUST BE FLORIDA STREET ADDRESS) Hialeah, FL 33016

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

Liza Rodriguez
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.

Signature of Registered Agent

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