

L13 000000 7180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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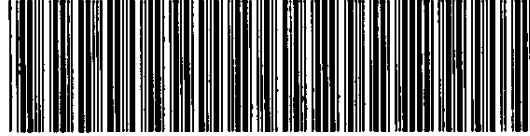
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 18 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RT Automotive, 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:

Kenneth L. Paretti, Esquire

Name of Person

Quinton & Paretti, P.A.

Firm/Company

1 SE 3rd Avenue, Suite 1405

Address

Miami, Florida 33131

City/State and Zip Code

kparetti@quintonparetti.com

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

For further information concerning this matter, please call:

Kenneth L. Paretti

at (305)

358-2727

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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16 AUG 16 PM 12:37
STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 AUG 16 AM 9:01
TALLAHASSEE, FLORIDA

May 3, 2016

KENNETH L PARETTI
QUINTON & PARETTI, P.A.
1 SE 3RD AVENUE, SUITE 1405
MIAMI, FL 33131

MAY 09 2016

SUBJECT: RT AUTOMOTIVE, LLC
Ref. Number: L13000007180

We have received your document for RT AUTOMOTIVE, 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00009159

2016 AUG 16 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: RT Automotive, LLC

2. (a) 16501 S. Dixie Highway, Miami, FL 33157 (b) 16501 S. Dixie Highway, Miami, FL 33157

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

January 14, 2013

L1000007180

3. January 14, 2013 Date of filing/registration in Florida

4. L1000007180 Document number

5. (a) Kenneth L. Paretti, Esquire

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

80 SW 8th Street, Suite 2150

Miami, FL 33130

(b) Kenneth L. Paretti, Esquire

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

NEW Registered Office Address:

1 SE 3rd Avenue, Suite 1405

Miami, FL 33131

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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.

James Rivchin

Signature of a member or authorized representative of a member

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 605, 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