1300034203

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	********
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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RD/Ch 8 10. 10. 14

COVER LETTER

Division of Corporations
SUBJECT: Rudys Limo Sevuice. 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:
Mata Nassan Agha Name of Person
Rudy's Limo service LCC Firm/Company
3396 Shallot Dr uniT101 Address
Chlando-FL32835 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Masa was San A & ha at (407) 334 5706 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2014

MAJD NASSAN AGHA RUDY'S LIMO SERVICE LLC 3396 SHALLOT DR., UNIT 101 ORLANDO, FL 32835

SUBJECT: RUDY'S LIMO SERVICE LLC

Ref. Number: L13000134263

We have received your document for RUDY'S LIMO SERVICE 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):

Please complete the document in its entirety.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 014A00020268

RECEIVED
14 DOT -3 ANII: 46
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ESPACE OF COPPOSIT

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.	Na	me of the limited liability company: Rudd's Limo Service
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 3396 Shallof Dr unit 101 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		orlando, FL, 32811 orland FL 32.835
		112000431263
3.		Date of filing/registration in Florida L\\\ 3000134263 Document number
5. ((a)	Total or '
	•	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		5542 MERYOWER BLUD & 307
		orlando ,FL 32811
1	<u>ل</u> ما	
C	b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		3396 ShattoT Ot ani Tat
		3396 ShalloTDY UNIT 101
		orlando FL 32835
the ager	cha it v /we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
		ure of a member or authorized representative of a member Madd Nassan 19 hg Printed or typed name of signee
	•	
the to m	visi obl iere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed By reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

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

Signature of Registered Agent