

**L15000016203**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

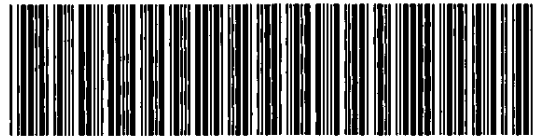
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TALLAHASSEE, FLORIDA

*dieluo*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RDM 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:

MARIELA ALMANZAR

Name of Person

RDM AUTOMOTIVE, LLC

Firm/Company

601 S STATE RD 7

Address

PLANTATION, FL. 33317

City/State and Zip Code

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

For further information concerning this matter, please call:

MARIELA ALMANZAR

at ( 954 ) 706-7096

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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*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.*

2. (a) \_\_\_\_\_ Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

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

**L15000016203**

**ROBERTO MARTINEZ**

Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***PLANTATION FL. 33317

**MARIELA ALMANZAR**

**NEW** Registered Office Address:

601 N STATE RD 7

PLANTATION

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

INHS18 (2/14)