## M/4000006029

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



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01/08/18--01011--014 \*\*25.00

SECRETARY OF STAIL ALLAHASSEE, FLORIDA

D. SCOTT FEB 6 2813



January 9, 2018

SUZANNE M COLLINS 102 MAKO LANE JUPITER, FL 33477

SUBJECT: R & S STAR PROPERTIES, LLC

Ref. Number: M16000006029

We have received your document for R & S STAR PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

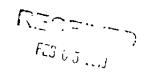
The form you submitted is for a FL LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 118A00000504



## **COVER LETTER**

CR2E055 (9/15)

TO: Registration Section Division of Corporations		
SUBJECT: R & S Star Proper	<del> </del>	
Name of Foreign	n Limited Liability Company	
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Suzanne M. Collins		2018 FEB SEURETS TALLAHA
Name of Person		33SS 787 52
Firm/Company		D IS IS
102 Mako Lane		5
Address	<del></del>	
Jupiter, FL 33477		
City/State and Zip Code	<u> </u>	
smc@fcohenlaw.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter,		
Suzanne M. Collins	_ 41 (	<del></del>
Name of Person	Area Code & Daytime Telephone N	umber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32	ons
Enclosed is a check for the following amount  \$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filin	ite of Status &

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION 1 (1-4 must be completed)

t. Name of limited liability Comp State: R & S STAR PF							
Enter new principal office address	, if applicable:						
( <u>Principal office address</u> <u>MUST BE A STREET ADDRES.</u>	<u>S</u> )						
Enter new mailing address, if appl ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>					TACE:	2018	
2. The Florida document number of	of this limited liab	oility company	M1600000	06029	AHASS	FEB - 5	=
3. Jurisdiction of its organization:	TN	<del>-</del>			E O		
4. Date authorized to do business	in Florida: 07/2	27/2016	<u> </u>		LST.	<u> </u>	
SECTION II (5-9 complete only	the applicable c	hanges)			DA A	ت	
5. New name of the limited liabil	ity company: (must	contain "Limit	ed Liability Comp	any, ""L.L	C.," or	"LLC."	)
(If name unavailable, enter alternate copy of the written consent of the must contain "Limited Liability C	managers or man	aging members	of transacting bus adopting the alter	siness in Flornate name.	orida and The alte	d attach ernate na	a ime
6. If amending the registered agen registered agent and/or the new re	gistered office ad	<u>dress here:</u>		enter the na	me of th	ie new	
Name of New Registered Agent:	SUZANNE		<u> </u>				
New Registered Office Address:	102 MAKO	LANE	Enter Florida S	Street Addr	ess		
	JU	PITER		_, Florida	3347	7	
		(	lity		Zip C	ode	
New Registered Agent's Signatur I hereby accept the appointment of the provisions of all statutes relat and accept the obligations of my document is being filed to merely liability company has been notifie	is registered agen ive to the proper position as registe reflect a change	it and agree to and complete p gred agent as p in the registere	erformance of my rovided for in Cha	duties, and upter 605, F	l Lam fai <sup>e</sup> .S. Or, i	miliar w If this	rith
	ly C	hanging Regist	ered Agent, Signat	ure of New	Registe	red Age	<u>nt</u>

Fitle/ Capacity	<u>Name</u>	Address	Type of Action
MGR	C. Wendall Collins	102 Mako Lane	Add
		Jupiter, FL 33477	Remo
MGR	Suzanne M. Collins	102 Mako Lane	Add
		Jupiter, FL 33477	Remo
		TAL S	Add
		LARASSE SSE	Z018 FEB-S
		——————————————————————————————————————	Remove
		<del></del>	Add
			Remov

Typed or printed name of signee