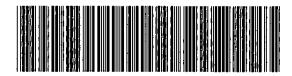
B040000000212

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #) .		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
, ,				

7

Office Use Only



100166968571

01/26/10--01020--003 **520.00

10 JAN 26 PM 12: 29

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JAN 2 7 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	JECT:	ASI \	V, Ltd.		
	JECT:Name of Limited Partn	ership or Lim	ited Liabili	ity Limited Partnership	
DOC	UMENT NUMBER:	В	040000	000212	
	enclosed Statement of Change of lare submitted for filing.	Registered (Office and	d/or Registered Agent and	
Pleas	e return all correspondence conce	rning this m	natter to:		
	April Williams			_	
	Contact Person				
	Advantec				
	Firm/Company			_	
	4890 W. Kennedy Blvd.,	Ste. 500			
	Address			_	
	Tampa, FL 3360	9			
	City, State and Zip Coo		 	_	
	awilliams@advante	ec-hr.com			
E	E-mail address: (to be used for future and		tification)		
For fi	urther information concerning this	s matter, ple	ease call:		
	April Williams	at (813) 207-8619	
	Name of Contact Person	A	rea Code ar	nd Daytime Telephone Number	
Enclo	osed is a \$35.00 check made paya	ble to the Fl	lorida De _l	partment of State.	
STRI	EET ADDRESS:		MAIL	ING ADDRESS:	
	stration Section Registration Section		ration Section		
	ion of Corporations			on of Corporations	
	on Building			Box 6327	
	Executive Center Circle		Tallaha	assee, FL 32314	
Tallal	hassee, FL 32301				

January 25, 2010



Via Federal Express

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Change of Registered Agent

Dear Sir or Madam:

Enclosed please find the cover letter and Statement of Change of Registered Agent to be filed for the following entities together with our company check in the amount of \$520 representing payment of the filing fees at noted:

- 1. Agency Management, L.L.C. \$25
- 2. Agency Solutions of Georgia, L.L.C. \$25
- 3. AdvanTech Solutions Insurance, L.L.C. \$25
- 4. AdvanTech Solutions Payroll Services, L.L.C. \$25
- 5. HR Agency, L.L.C. \$25
- 6. Advantec ASO, LLC \$25
- 7. Advantec Risk Management Consulting Services, LLC \$25
- 8. AdvanTech Solutions I, L.L.C. \$25
- 9. AdvanTech Solutions II, L.L.C. \$25

- 10. AdvanTech Solutions III, LLC \$25
- 11. AdvanTech Solutions IV, LLC \$25
- 12. AdvanTech Solutions VI, LLC \$25
- 13. AdvanTech Solutions VII, LLC \$25
- 15. Thavaille on Boladions VII, EEC 42
- 14. TalTech Resources, L.L.C. \$25
- 15. Advantec 9, LLC \$25
- 16. Advantec 10, LLC \$25
- 17. Advantec 11, LLC \$25
- 18. Advantec 12, LLC \$25
- 19. ASI V, Ltd. \$35

April M. Williams

20. Agency Solutions International, Inc. - \$35

Should you have any questions or need additional information, please do not hesitate to contact me at (813) 207-8619.

Sincerely,

April M. Williams Licensing Specialist

Enclosures

P:\Legal\Corporate Governance\Change of FL RA - Robbins to Smolinski - 1-2010\Letter to Div Corp - File Change of RA forms & fee.doc

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

ı ASI V, Ltd.	
Name of Limited Partnership or Limited Liability Limited Partnership	
2. 5/13/04 3. B0400000212	
Date of filing/registration in Florida Florida document number	
4. The name of the registered agent and the registered office address as shown on the records of the F Department of State:	lorida
Kimberley A. Robbins, Esq.	
Name	
4890 W. Kennedy Blvd., Ste. 500	
Address	
Tampa, FL 33609	
City, State and Zip	
5. The name and Florida street address of the new registered agent and/or office:	
Robert A. Smolinski	
Name	
4890 W. Kennedy Blvd., Ste. 500	
Florida street address (P.O. Box not acceptable)	
Tampa, FL 33609 _{FL}	
City, State and Zip	
6. Such change(s) is/are effective when filed by the Florida Department of State. By HR Agency, L.C. Ganeral fartner Canada Marine	
Signature of General Partner By: Agency Solutions International, Inc., Its Manag By: Dianna Sheppard, Its President	ing Member
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my dutie and I am familiar with an accept the obligations of my position as registered agent.	
R.A. Smilinsh-	<u> </u>
Signature of Registered Agent	ISION (

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50