

LD1000008458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

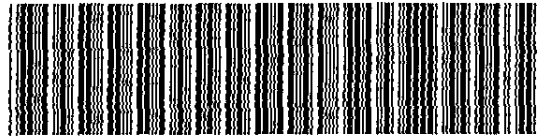
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TROPIC SPIRAL SYSTEMS, LLC

(Name of corporation)

DOCUMENT NUMBER: L01000008458

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THEO ANTONIOU

(Name of person)

(Name of firm/company)

2881 EAST OAKLAND PARK BLVD. #307

(Address)

FT. LAUDERDALE, FL 33306

(City/state and zip code)

For further information concerning this matter, please call:

THEO ANTONIOU at (877) 876-7427

(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 7, 2003

THEO ANTONIOU
2881 EAST OAKLAND PARK BLVD. #307
FT. LAUDERDALE, FL 33306

SUBJECT: TROPIC SPIRAL SYSTEMS, LLC
Ref. Number: L01000008458

We have received your document for TROPIC SPIRAL SYSTEMS, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The forms you submitted are for Corporations, but your entity is a Limited Liability Company. Enclosed are the proper forms for your LLC. Please note that you can use the one amendment form to change your address AND to have your Manager resign.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 603A00060852

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Tropic Spiral Systems, LLC
2. The mailing address of the limited liability company is : 2881 East Oakland Park Boulevard, Suite 307, Fort Lauderdale, FL 33306

05/24/01

L01000008458

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Theophilos Antoniou

Name

9715 West Broward Boulevard, Suite 148

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

Theophilos Antoniou

Name

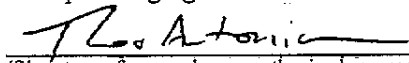
2881 East Oakland Park Blvd, Suite 307

Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale FL 33306

City, State and Zip

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.



(Signature of a member or authorized representative of a member)

Theophilos Antoniou

(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 608, 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

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