## LD1000011423

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2007 AUG 10 PH 3: 34 SECRETARY OF STATE

## COVER LETTER

SUBJECT: ORTEC LTD. Co.  (Name of Corporation)
• ,
DOCUMENT NUMBER: 6010000 16423
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:
ANTONIO GISBERT
(Name of Contact Person)
ORTEC LTD. CO.
(Firm/Company)
200 CRANDON BLUD STE 314  (Address)
(Address)
KEY BISCAHNE FL 33149
(City/State and Zip Code)
For further information concerning this matter, please call:
Automia Cientat
(Name of Contact Person) at (305) 361-8007  (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section  Street Address: Amendment Section
Amendment Section Amendment Section  Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

CR2E045 (8/05)



July 24, 2007

ANTONIO GISBERT 200 CRANDON BLVD., STE. 314 KEY BISCAYNE, FL 33149

SUBJECT: ORTEC, LTD. CO. Ref. Number: L01000016423

We have received your document for ORTEC, LTD. CO. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. 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) 245-6967.

Letter Number: 907A00046284

Leslie Sellers Document Specialist

Division of Comparations D.O. BOY 6997 Tellaharras Elevida 99914

## 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 limite	d liability company is:	ORTEC L	TD. Co.			
	the limited liability comp			S BL	10 .	SIE 3!
			BISCAYNE			
09/21/2001	•		10000 16	423		
3. Date of filing/registrat	ion in Florida	4. Doci	ument number			
5. The name of the register Florida Department of	ered agent and the registere State:	ed office address	as shown on the	e record	s of the	e
	ANTONIO GI		<del>*</del>	•		
	Ne 960 CRANDON	ime alvis ste 32	#83			
	260 CRANDON Add	dress		S	200	
	KEY BISCAYNE City, Sta	. FL 33149- te and Zip	-1540	ECR	II A	
6. The name and address of				SECRETARY OF STATE TALLAHASSEE, FLORIDA	<u> </u>	
				SEE	<del></del>	M
	ANTONIO 615 e Nan 200 CRANDON BE	ne		77°	± (3)	
	200 CRANDON BE	ND STE 31	4		ယ	••
	Florida street address (P.	O. Box NOT acc	eptable)	E.	Ŧ.	
	KRY BIS CAYNE F	L 33149				
	City, State					
confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement		er the laws of the , the Florida stree e identical. Or, in ange(s) was/were as otherwise proven pany.	State of Florid et address of the n the case of a l authorized by ided in the artic	a, it is he registe Florida an affiri cles of c	iereby cred off limited mative organiz	fice   vote ation
(Signature of a member or authori	zed representative of a member)			·		
(Printed or typed name of signee)		<u>_</u>		-		
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F,S, Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered agents of all statutes relative to discept the obligations of his document is being filed that the limited liability co	t and agree to act the proper and co my position as re to merely reflect ompany has been	in this capacit omplete perfori egistered agent a change in th notified in writ	y. I fur nance of as prov e regist ing of th	ther ag I my d vided fo ered of his cha	ree to uties, or in ffice nge.
/ Divisio	n of Corporations, P.O. I	Rox 6327, Tallah	assee, FL 323	14		

**FILING FEE: \$25.00**