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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CENTURION SERVICES, LLC	_
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARIA I. CRESPO Name of Person	_
Firm/Company	<del></del>
4545 OLD COLONY RD.	_
Address	
MULHERRY PL 77860	- SE   69
MULTIPORRY A 77860  Crespol @ tampabay. Cr. Com  E-mail address: (to be used for future annual report notification)	NOV 10 CRETAR
For further information concerning this matter, please call:	IL E
0 - l	AH II: OF STA
MANUA CRUSVO  Name of Person  at (803 608-0669)  Area Code & Daytime Telephone Num	7
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ied Copy ional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2009

MARIA I. CRESPO 4545 OLD COLONY RD. MULBERRY, FL 33860 863-608-0663

SUBJECT: CENTURION SERVICES, LLC

Ref. Number: L02000016293

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SECRETARY OF STATE
AND AM BEEF FLORIDA

Please accept our apology for failing to mention this in our previous letter.

The above listed entity was administratively dissolved for failure to file the 2003 annual report/uniform business report and must reinstate before this document can be filed. Please see the attached fee schedule for a breakdown of the fees due.

The total amount due to reinstate is \$1071.25.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 109A00035235

Division of Cornerations - P.O. ROY 6397 Tallahassaa, Florida 39314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> CENTURIONS</u>	SHOVICES, LLC
(Name of the Limited Li (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on JUNE 28, 2002 and assigned
Florida document number <u>LO20001</u>	<u>6293</u>
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
CENTURION SEM	VICES I, LLC
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviat
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET.	ADDRESS)
	m <sub>q</sub> <b>&gt;</b> m
Enter new mailing address, if applicable:	D STATE FLORID
(Mailing address MAY BE A POST OFFICE BO	OX)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the n</u> ce address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

		Add Remove
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g any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	
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	Vo V. 5 , 20 Mario	you. 5  Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00