

L03000003/933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

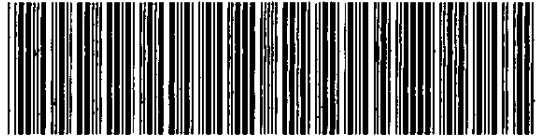
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
09 NOV - 2 AM 9:57

T. HAMPTON

NOV - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VORTEX SYSTEMS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRENT DAVISON
Name of Person

VORTEX SYSTEMS, LLC
Firm/Company

17521 VS HWY 441 #12
Address

MT. DORA FL. 32757
City/State and Zip Code

BDAVISON@VORTEXSYSTEMS.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENT DAVISON at (352) 602-4317
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 NOV -2 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 12, 2009

BRENT V DAVISON
17521 US HWY 441
12
MT DORA, FL 32757

SUBJECT: VORTEX SYSTEMS, LLC
Ref. Number: L03000031933

We have received your document for VORTEX SYSTEMS, LLC 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 the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00032749

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. Name of the limited liability company: VORTEX SYSTEMS, LLC
2. (a) Principal office address of limited liability company: 17521 US HWY 441 #12
☐ (Note: **MUST BE STREET ADDRESS**) MT. DORA, FL 32757
- (b) Mailing address of limited liability company: SAME
☐ (Note: **MAY BE POST OFFICE BOX**)
- 8-26-2003 203000031933
3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:
- Registered Agent: CORPORATION SERVICE COMPANY
- Registered Office Address: 1201 HAYS STREET
TALLAHASSEE FL. 32301
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** BRENT DAVISON
- NEW Registered Office Address:** 17521 US HWY 441 #12
(MUST BE FLORIDA STREET ADDRESS) MT. DORA, FL 32757

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.

BRENT DAVISON
Signature of a member or authorized representative of a member

BRENT DAVISON
Printed or typed name of signer

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 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.

BRENT DAVISON
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 22 - 2 AM 9:57