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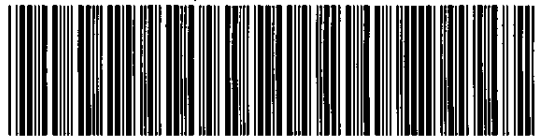
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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NO \$

107-37002

T. Hampton AUG 13 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARTCO ENTERPRISES LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JUAN J MARTINEZ
(Contact Person)

MARTCO ENTERPRISES LLC
(Firm/Company)

P O BOX 151436
(Address)

TAMPA, FL 33684
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN J MARTINEZ at (813) 781-9494 EXT 103
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2007

JUAN J MARTINEZ
MARTCO ENTERPRISES, LLC
P O BOX 151436
TAMPA, FL 33684

SUBJECT: MARTCO ENTERPRISES, LLC
Ref. Number: W07000037222

We have received your document for MARTCO ENTERPRISES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$100.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

This fee is for the change of registered agent and the 3 managers resignation forms.

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
Document Specialist
Registration/Qualification Section

Letter Number: 907A00047627

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG 13 PM 2:08

RECEIVED

**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: MARTCO ENTERPRISES, LLC
2. The mailing address of the limited liability company is : PO Box 151436
TAMPA, FL 33684

3. Date of filing/registration in Florida AUG. 1, 2004
4. Document number L04000042003

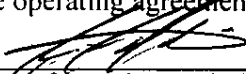
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

RAUL L. LOPEZ
Name
2522 N. DALE MABRY HWY.
Address
TAMPA, FLORIDA 33607
City, State and Zip

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

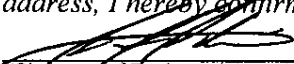
JUAN JORGE MARTINEZ
Name
2522 N. DALE MABRY HWY
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33607
City, State and Zip

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)

JUAN J. MARTINEZ
(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
FILING FEE: \$25.00**

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DIVISION OF CORPORATIONS
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