L05000014567

(Requestor's Name)				
(Ad	ldress)			
(Ad	ldress)			
(Cit	y/State/Zip/Phone	÷ #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)	<u></u>		
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		ĺ		

Office Use Only



600113804376

01/07/08--01020--014 **25.00

DIVISION OF CORPORATIONS

08 FEB 12 PM 1: 45

T. HAMPTON

FEB 1 3 2008

EXAMINER

COVER LETTER

TO:	Registration Section ' Division of Corporations
Surii	CT: Ascentric LLC (Name of Limited Liability Company)
,	(Name of Limited Liability Company)
The en	losed Articles of Amendment and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Robert Riley, Jr. (Name of Person)
	Ascentricity LLC (FirmtCompany)
	P.O. Box 5251 (Address)
	,
	<u>Destin</u> , FL 32540 - 525/ (City/State and Zip Code)
	(City/State and Zip Code)
For fu	her information concerning this matter, please call:
	Robert Riley, Tr. at (850) 855-6080 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	d is a check for the following amount:
\$ \$25	00 Filing Fee \$\ \text{S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,} \\ \text{Certificate of Status} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \end{align*}

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



RECEIVED

08 FEB 12 PH 1: 47

SECHELLAR OF STATE TALLAHASSEE FLORIDA

January 8, 2008

ROBERT RILEY, JR P O BOX 5251 DESTIN, FL 32540-5251

SUBJECT: ASCENTRIC LLC Ref. Number: L05000014567

We have received your document for ASCENTRIC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved for failure to file the 2006 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 \$516.25.

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: 108A00001614

ARTICLES OF AMENDMENT

ТО	- 68 - 18 - 19
ARTICLES OF ORGANIZATION	- 유로판(
OF	~ 52 E
Or	~ ≅20
	™ 70°S
Ascentric LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	SHO OHS
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number L_05000014567	
A. If amending name, enter the new name of the limited liability company here: Ascentric	icity LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LL" "L.L.C."	.C" or the abbreviation
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	e name of the new
Name of New Registered Agent:	

Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	1110 Airport Road		
	(Enter Florida street address)		
	Destin	, Florida	3254/
	(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 Changing Registered Agent, Signature of New Registered Agent)

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:

MGR = Manager

GRM = M	lanaging Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
	·		Remove
			Add
			Remove
If amen	ling any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)	SEC DIVISI
			SECRETARY OF SIVISION OF CORPOR
_			
ated2	S JAN '		
	Si-satura	Polert Z. Reley, Jr.	
	-	of a member or authorized representative of a member	
		Robert L Riley, Jr. Typed or printed name off signee	

Page 2 of 2

Filing Fee: \$25.00