## L05000085196

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(//d	(a1033)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE
UNVISION OF CORPORATIONS

J. BRYAN

MAY - 2 2008

**EXAMINER** 

## CFRA, LLC REGISTERED AGENT SERVICES A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd, 10<sup>th</sup> Floor Tampa, Florida 33607-5736

Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

April 24, 2008

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

Re: CHANGE OF REGISTERED AGENT - MULTIPLE ENTITIES

Gentlemen:

On behalf of Michael D. Crosbie, please find enclosed several Statement of Change of Registered Agent forms for the attached multiple entities. Also enclosed are several Carlton Fields' checks for the filing fees. Please also see the attached for a list of all the entities that must be changed.

Verx Truly Yours,

Jøyce/F/. Bentubo

Secretary

WISION OF CORPURNIE

JFB/jab Enclosures

## 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: TITAN MANUFACTURING, LLC	<del></del>
2. The mailin	ng address of the limited liability	y company is: 2460 SAND LAKE RD. ORLANDO, FL 32809	
08/29/2005		L05000085196	
3. Date of fili	ing/registration in Florida	4. Document number	
5. The name of Department		registered office address as shown on the records of the Florida	
	MICHAEL D. CRC	DSBIE	
		Name	<del>ر</del> س،
	2460 SAND LAKE		3
	ORLANDO, FL 32	end-comme	<b>6</b> 6
		City, State and Zip	PET A
6. The name a	and address of the new registere		RY OF SIALE CORPORATIONS
	CFRA, LL	C	25.5
		Name	36
		OY SCOUT BLVD., 10 <sup>TH</sup> FLOOR address (P.O. Box <b>NOT</b> acceptable)	Š
	riorida Street	address (P.O. Box NOT acceptable)	
	TAMPA, F	FL 33607	
	<del>-</del>	City, State and Zip	
after the change registered agent the change(s) wo otherwise provi	e or changes are made, the Florit will be destical. Or, in the cast as/were mindrized by an affirm ided in the rttgles of organization member or juit porized represent	d under the laws of the State of Florida, it is hereby confirmed that da street address of the registered office and the business office of se of a Florida limited liability company, it is hereby confirmed the native vote of the members of the limited liability company or as on or the operating agreement of the limited liability company.  Lative of a member)	f the
the provisions of and accept the document is bei liability compar	of all statutes relative to the propobligations of my position as reging filed to merely reflect a charmy has been notified in writing of the control of the	0	th
	_	ns, P.O. Box 6327, Tallahassee, FL 32314	
TNHS18(08/05)		FILING FEE: \$25.00	

**FILING FEE: \$25.00**