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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2006

WILLIAM HUSEMAN 3733 UNIVERSITY BLVD., SUITE 210B JACKSONVILLE, FL 32217

SUBJECT: TRINOVA GROUP, LLC

Ref. Number: L05000101526

We have received your document for TRINOVA GROUP, 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days jour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call; (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 706A00056019

Huseman & Marquinez, P.A.

Attorneys & Counselors at Law
3733 University Blvd. W., Ste 210B
Jacksonville, Florida 32217
Telephone (904) 448-5552
Facsimile (904) 448-5653
www.jaxattys.com

September 15, 2006

Via First Class U.S. Mail

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

RE: C

Change of Registered Agent

Trinova Group, L.L.C. Document No. L05000101526

Dear Sir/Madam:

Enclosed please find the signed form and proper fee for a Statement of Change of Registered Agent. Please file this accordingly.

Please feel free to contact our office if you have any questions.

Sincerely

Aliam/R. Huseman, Esq.

WRH:klh 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.

agent, or both, in the State o	f Florida.				
1. The name of the limited l	iability company is:	Trinova	Grosp	, L .L .C .	
2. The mailing address of th	e limited liability comp	any is : 1061	Riversid	le Ave, Ste 200	
				FL 32204.	
10-12.200	35	ì	15000 10	1536	
3. Date of filing/registration in Florida		4. Doci	4. Document number		
5. The name of the registered Florida Department of Sta	ite:			e records of the	
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	Jacksonville	Fr. 322	့ ခ	SECONOMIC SECONO	
	City, Sta	ite and Zip		圣图 日 盖	
6. The name and address of	the new registered agen	t and/or office:		TALLAHASSEE, FLORDING	
	5 5		0.4	SEE, FL	
_	Huseman &	Marquine Z	PA	FS	
	Nar 2723 / 1	ne ^U	61- 21		
<u> </u>	Florida street address (B	O Por NOT poo	DTC - OLI	2-84 F	
•	Torida street address (1	.O. BOX NOT acc	ергаоте)	•	
	Jacksonville F	<u>L 3aa17</u>			
	City, State	e and Zip			
If the limited liability compa confirmed that after the char and the business office of the liability company, it is hereb of the members of the limits or the operating agreement of	nge or changes are made	der the laws of the e, the Florida stree be identical. Or, in ange(s) was/were as otherwise prov ompany.	State of Floricet address of the the case of a authorized by ided in the arti	da, it is hereby he registered office Florida limited an affirmative vote heles of organization	
Signature of a member or authorized	I representative of a member)				
(Printed or typed name of signee)	m, Seneral				
I hereby accept the appoints comply with the provisions of and I am familiar with ond a Chapter 608, F.S. Or If this address, Wareh confirm the	ment as registered agen of all statules relative to accept the obligations of a document is being file at the limited liability c	nt and agree to act the proper and co f my position as re d to merely reflect ompany has been	t in this capaci omplete perfor egistered agen t a change in ti notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office iting of this change	

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

red Agent)