

L06000110714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

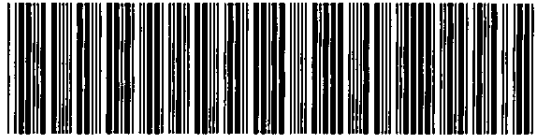
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 NOV -5 P 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2007

SAIDA BARRIOS  
9350 BAY PLAZA BLVD.  
SUITE 123-31  
TAMPA, FL 33619

SUBJECT: SDT INSURANCE AGENCY, LLC  
Ref. Number: L06000110714

We have received your document for SDT INSURANCE AGENCY, 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The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2007 annual report. The entity must be reinstated before this document can be filed.

Please return 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 107A00061142

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPT Insurance Agency LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Saida Barrios  
(Name of Person)

SPT Insurance Agency LLC  
(Firm/Company)

9350 Bay Plaza Blvd Ste 1236  
(Address)

Tampa, FL 33619  
(City/State and Zip Code)

For further information concerning this matter, please call:

Saida Barrios at ( 813 ) 514-8288  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SPT Insurance Agency LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 11/15/2006 and assigned document number 106000110714.

**SECOND:** This amendment is submitted to amend the following:

7. Name and Address of New Registered Agent:

Saida L Barrios

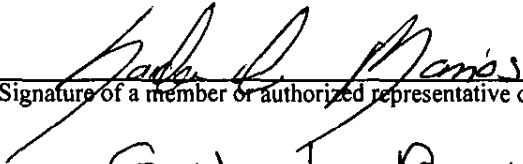
9350 Bay Plaza Blvd Ste 123-31

Tampa, FL 33619

2007 NOV -5 P 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

Dated 10/12/07

  
Signature of a member or authorized representative of a member

Saida L Barrios  
Typed or printed name of signee

**Filing Fee: \$25.00**