

LS60000119266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

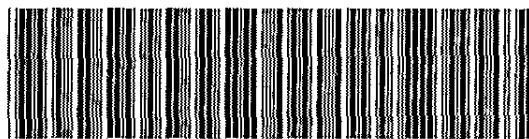
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2007

JULIANNE YATES  
1345 BUNNELL ROAD  
APOPKA, FL 32703

SUBJECT: EMS TECHNOLOGIES N.A., LLC  
Ref. Number: L06000119266

We have received your document for EMS TECHNOLOGIES N.A., LLC and your check(s) totaling \$52.50. 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 or your 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: 307A00054431

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SEP 14 2007

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** EMS TECHNOLOGIES N.A., LLC

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** LO6000119266

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JULIANNE YATES

(Contact Person)

EMS TECHNOLOGIES NA LLC

(Firm/Company)

1345 BUNNELL RD

(Address)

APOPKA FL 32703

(City, State and Zip Code)

For further information concerning this matter, please call:

JULIANNE YATES

(Name of Contact Person)

at (407) 294-9674

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

INHS04 (01/06)

2007 SEP 25 PM 5:47  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EMS TECHNOLOGIES NA LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIE YATES

(Name of Person)

EMS TECHNOLOGIES NA LLC

(Firm/Company)

1345 Bunnell Rd

(Address)

Apopka FL 32703

(City/State and Zip Code)

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Julie Yates

(Name of Person)

at (407) 294-9674

(Area Code & Daytime Telephone Number)

**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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: EMS TECHNOLOGIES NA LLC

2. The mailing address of the limited liability company is: 1345 Bunnell Rd

Apopka FL 32703

3. Date of filing/registration in Florida 12-14-06 4. Document number L06000119266

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

THE COMPANY CORPORATION  
Name  
2711 CENTERVILLE RD  
Address  
WILMINGTON DE 19808  
City, State and Zip

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

JEFFREY D YATES  
Name  
1345 BUNNELL RD  
Florida street address (P.O. Box NOT acceptable)  
APOPKA FL 32703  
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.

Jeffrey D. Yates  
(Signature of a member or authorized representative of a member)

JEFFREY D YATES  
(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.

Jeffrey D. Yates  
(Signature of Registered Agent)

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