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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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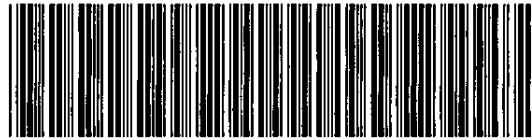
(Business Entity Name)

(Document Number)

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J. BRYAN FEB 13 2007

J. BRYAN FEB 26 2007

Registered Agents
Legal Services, LLC

1220 N. Market Street
Suite 806
Wilmington DE 19801
(302) 427-6970
(800) 400-6650
(302) 421-5753 [fax]
info@IncLegal.com [email]
www.IncLegal.com

Ra

February 8, 2007

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

Re: Sagitta Holdings, LLC

Dear Sir/Madam,

Enclosed you will the application for Change of Registered Agent and our check in the amount of \$25.00 to cover your filing fee. Please fax and mail the filed evidence to the following:

Fax : 302-421-5753

Registered Agents Legal Services, LLC
Attn: Terry Scaglione
1220 N. Market Street, Suite 806
Wilmington, DE 19801

If you have any questions, please call me at 800-400-6650. Thank you.

Sincerely,



Terry Scaglione
Incorporating Specialist

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2007

TERRY SCAGLIONE
REGISTERED AGENTS LEGAL SERVICES, LLC
1220 N. MARKET STREET, SUITE 806
WILMINGTON, DE 19801

SUBJECT: SAGITTA HOLDINGS LLC
Ref. Number: L07000001232

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DIVISION OF CORPORATIONS
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We have received your document for SAGITTA HOLDINGS 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 registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 607A00010835

NOTICE: The enclosed document is being returned to you because it does not contain the required information. Please review the document and resubmit it with the required information. If you have any questions, please call (850) 245-6043.

**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: Sagitta Holdings, LLC

2. The mailing address of the limited liability company is : C/O: Duane Morris LLP

30 South 17th Street, Philadelphia, PA 19103-4196

01/04/2007

L07000001232

3. Date of filing/registration in Florida

4. Document number

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

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, FL 32301-2525

City, State and Zip

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

Registered Agents Legal Services, LLC

Name

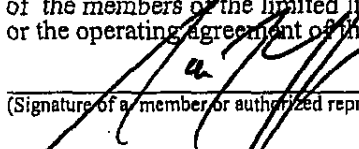
155 Office Plaza Drive, Ste A

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301

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.


(Signature of a member or authorized representative of a member)

Stanley M. Joffe, Manager

(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.


(Signature of Registered Agent)

MICHAEL W. ASHLEY

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

FILING FEE: \$25.00

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