

LOT 000000 7145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

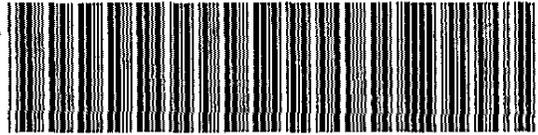
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400088008864

02/19/07--01023--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 19 PM 1:04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ergo-Asyst Technology 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:

William E. Burak Jr.
(Name of Person)

Ergo-Asyst Technology LLC
(Firm/Company)

11530 Fountainhead Drive
(Address)

Tampa, FL 33626
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 19 PM 1:04

For further information concerning this matter, please call:

William E. Burak Jr. at (305) 832-0128
(Name of Person) (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

