

L07000093893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

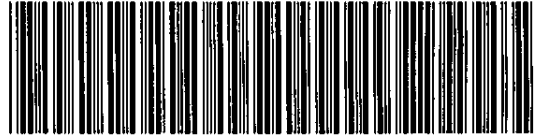
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AN Chen

Office Use Only



900253976899

12/04/13--01005--021 **25.00

FILED
13 DEC 16 AM 10:53
TALLAHASSEE, FLORIDA

L Burch DEC 17 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delta-T HVAC Services 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:

Tomas Navarro

Name of Person

President

Firm/Company

1901 NE 56 Street

Address

Fort Lauderdale FL 33308

City/State and Zip Code

msolsona@hotmail.com.ar

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Solsona

Name of Person

at (954) 5603055

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2013

TOMAS NAVARRO
1901 NE 56 STREET
FORT LAUDERDALE, FL 33308

SUBJECT: DELTA-T HVAC SERVICES LLC
Ref. Number: L07000093893

We have received your document for DELTA-T HVAC SERVICES 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):

Please complete 5b of the statement of change.

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) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 913A00027857

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. Name of the limited liability company: Delta-T HVAC Services LLC

2. (a) Principal office address of limited liability company: 1901 NE 56 Street Fort Lauderdale FL 33308
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 1901 NE 56 Street Fort Lauderdale FL 33308
(Note: MAY BE POST OFFICE BOX)

September 14 2007

3. Date of filing/registration in Florida

L070000093893
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Tomas Navarro

Registered Office Address: 5316 NE 3rd Terrace
Fort Lauderdale, FL 33334

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address: 1901 NE 56th Street
(MUST BE FLORIDA STREET ADDRESS) Fort Lauderdale, FL 33308

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]
Signature of a member or authorized representative of a member

TOMAS NAVARRO
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

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