

L10000049971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

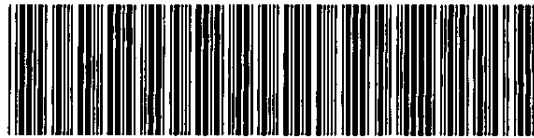
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800180184678

Effective Date 05/01/10

05/07/10--01033--003 \*\*125.00

FILED  
10 MAY -7 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 10 2010

EXAMINER

**CONFIDENTIAL TAX SERVICE**

**SANDRA TORRENCE, EA**

Voice: (386) 423-7771

P. O. Box 2280

Toll Free: 1-866-423-7771

Office: 402 Cedar Avenue

Fax: (386) 423-3744

New Smyrna Beach, FL 32170

E-mail: ConfTaxSvc@AOL.com

April 29, 2010

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

RE: Dissolution of Lithodyne Technology, INC  
Registration of Lithodyne Technology, LLC

FILED  
10 MAY -7 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Gentlemen:

Please find enclosed the appropriate paperwork and checks for the change over on 5/1/2010 of the above referenced corporation dissolution and the registration of the new LLC. The owner/president/managing member remains the same.

Sincerely,



Sandra Torrence, EA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: LITHODYNE TECHNOLOGY, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SANDRA TORRENCE, EA

Name of Person

CONFIDENTIAL TAX SERVICE

Firm/Company

P O BOX 2280

Address

NEW SMYRNA BEACH, FL 32170-2280

City/State and Zip Code

CONFATXSVC@AOL.COM

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

For further information concerning this matter, please call:

SANDRA TORRENCE, EA

Name of Person

at ( 386 ) 423-7771

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
10 MAY -7 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LITHODYNE TECHNOLOGY, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

2322 KUMQUAT DR  
EDGEWATER, FL 32141

**Mailing Address:**

SAME

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Effective Date 05/01/10

JOSEPH H. ELLIS

Name

2322 KUMQUAT DR

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

EDGEWATER

FL 32141

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
10 MAY -7 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JOSEPH H ELLIS

2322 KUMQUAT DR

EDGEWATER, FL 32141

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY - 7 PM 2:11

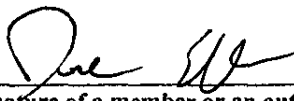
FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/1/2010. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSEPH H ELLIS

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)