

L11000072436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

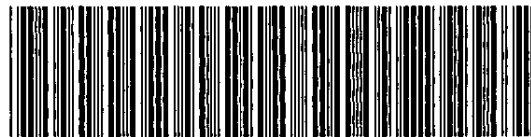
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 MAY 31 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN -1 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2012

BARBARA DUFFY  
ROTORWORLD INSTITUTE, LLC  
4042 LAUREL BRANCH LANE  
ORLANDO, FL 32817

SUBJECT: BOSS METAL LLC  
Ref. Number: L11000072430

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TALLAHASSEE, FLORIDA

We have received your document for BOSS METAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 112A00014328



May 30, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Regulatory Specialist  
PO BOX 6327  
Tallahassee, Florida 32314

SUBJECT: ROTORWORLD INSTITUTE, LLC - Amendment  
RE: L11000072436

FILED  
2012 MAY 31 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Joey Bryan,

Please find enclosed the proper form for Rotorworld Institute, LLC, Doc #L11000072436.  
Thank you so very much for being so kind and mailing me the proper forms to fill out with the instructions as it was very helpful.

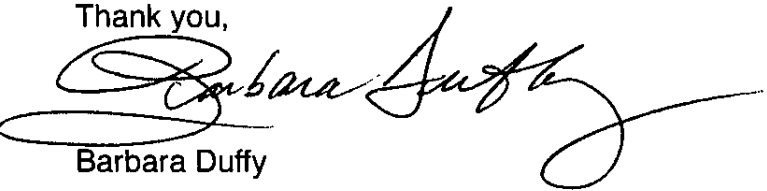
I realize in the first set of forms I mailed in that I had typed the Doc# incorrectly, the correct document # is as above, Doc# L11000072436.

I have chose the "filing service fee" for this document. Please mail a refund of the difference of \$10.00 from the previous check mailed with the improper document forms, payable to Rotorworld Institute, LLC to this mailing address:

Rotorworld Institute, LLC  
Barbara Duffy  
4042 Laurel Branch Lane  
Orlando, Florida 32817

If you have any questions please feel free to call me at 407-414-2019 or email me at [barbara@rotorworld.com](mailto:barbara@rotorworld.com).

Thank you,

  
Barbara Duffy

Rotorworld Institute, LLC

4042 Laurel Branch Lane, Orlando, Florida 32817, United States

d (407) 414 2019 f (801) 650 3759 tf (407) 900 SAFE UK tf 0800 1698647 [www.rotorworldinstitute.com](http://www.rotorworldinstitute.com)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROTORWORLD INSTITUTE, 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:

Barbara DUFFY  
Name of Person

ROTORWORLD INSTITUTE, LLC  
Firm/Company

4042 Laurel Branch Lane  
Address

Orlando, FLORIDA 32817  
City/State and Zip Code

barbara@rotorworld.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara DUFFY at ( 407 ) 414-2019  
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

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2012 MAY 31 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ROTORWORLD INSTITUTE, LLC

2. (a) Principal office address of limited liability company: 4042 LAUREL BRANCH LANE

(Note: MUST BE STREET ADDRESS)

ORLANDO, FL 32817

(b) Mailing address of limited liability company:

P.O. BOX 677892

(Note: MAY BE POST OFFICE BOX)

ORLANDO, FL 32867

06/16/2011

3. Date of filing/registration in Florida

L11000072436

4. Document number

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

Registered Agent:

JEFF A. PONDS

Registered Office Address:

26009 SINGING LARK COURT

LEESBURG, FL 34748

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

NEW Registered Agent:

BARBARA DUFFY

NEW Registered Office Address:

4042 LAUREL BRANCH LANE

(MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32817

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.

BARBARA DUFFY

Signature of a member or authorized representative of a member

BARBARA DUFFY

Printed or typed name of signer

*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.*

BARBARA DUFFY

Signature of Registered Agent

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

**FILING FEE: \$25.00**