

L11000083572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

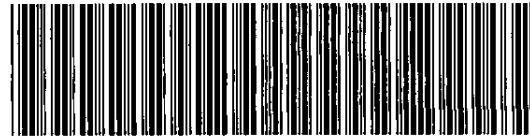
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700214338117

11/28/11--01048--004 \*\*50.00

*2 Sided  
Form*

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 28 PM 12:52

B Tadlock NOV 29 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ISLATE SYSTEMS, 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:

AMMAR LASKARWALA

Name of Person

ISLATE SYSTEMS, LLC

Firm/Company

777 N ASHLEY DR, SUITE 2901

Address

TAMPA

City/State and Zip Code

AMMARTNL@GMAIL.COM

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

For further information concerning this matter, please call:

AMMAR LASKARWALA

Name of Person

at ( 813 )

426-4258

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