2000	UNIFORM BUSI	INESS REPU	JK I	(UBK)				
DOCUMENT # L9900000276 1. Entity Name						FILED		
TEL-TRON SYSTEMS SOLUTIONS, L.L.C.					ľ	JAN 18 PM 2:	•	
Principal Plac 220 FENTRES	Mailing Address 220 FENTRESS BLVD.	FENTRESS BLVD.		- SI TAL	ECRETARY OF ST LAHASSEE, FLO	ATE RIDA	j	
UATIONA BE	ACH FL 32114	DAYTONA BEACH FL 32	2114-1228			1 (1884)	A 98311 88111 88111 8818 119	# # 55/3 5 /# 183 /
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI N	lumber . 59 - 3≤5-		Applied For	
Zip	Country	Zip Cour		ntry	5. Certificate of Status Desired Speech Spee			
	6. Name and Address of Current	Registered Agent		Nama	7. Nam	e and Address of New Re	gistered Agent	
DAWSON, N.RICK						lumber is Not Acceptable)		
220 FENTRESS BLVD. DAYTONA BEACH FL 32114					SS (P.O. BOX N			
DATIONA BEACHTE GETTY				City			FL Zip Co	ode
8. The above	named entity submits this statement for	r the purpose of changing it	ts register	ed office or regis	stered agent,	or both, in the State of Flor	ida.	-
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NC	TÉ: Registere	ed Agent signature requ	uired when reinstati	na)	DATE	
<u> </u>	and the state of t			- 				
	,	Make Check P		FEE IS \$50.0 to Departmen				
9.	MANAGING MEMBE	ERS/MEMBERS	10.			ADDITIONS/G	CHANGES	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM TEL-TRON TECHNOLOGIES CORPORATION 220 FENTRESS BLVD. DAYTONA BEACH FL 32114					7000031 -02/01/0 ******50	□ Change 17437- 0001025(0.00 ******	1 201
TITLE MAME STREET ADDRESS		☐ Beleta		AE EET ADDRE ss			Change	_
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delote	TITL	-	÷ ÷ •	74 A A	Change	Addition
CITY-ST-ZIP	,			r- \$T- ZIP			Change	Addition
TITLE RAME STREET ADDRESS		`∟} Delete	4	RE EET ADDRESS			լուզաքա	
TITLE NAME		Deserts	TITL				Cpstide	Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /- 8T- ZIP				
MAME STREET ADDRESS CITY-ST-ZIP		☐ Deleto					Charge	Addition
11. I hereby o	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	this filing does not qualify f that my spatiature shall have directly described the	or the exe	emption stated in	Section 119.0 if made unde napter 608, Flo	07(3)(i), Florida Statutes. I r oath; that I am a managi orida Statutes.	further certify that the ng member or manaç	information ger of the
SIGNAT	URE:	TED NAME OF SIGNING MANAGIN	YR5	Rick Da	wson		204-453 Daytime Phone #	
	OMMATOREMAND ITPED ORPHIN	TILD HAME OF SIGNING MANAGIN	" WEMBEK	OH MANAGEN		Date	Dayune Phone #	