

MO1000000313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

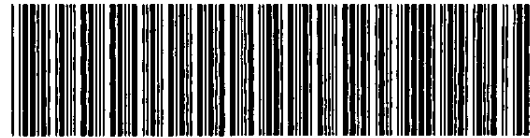
(Business Entity Name)

(Document Number)

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FILED
13 MAR 12 AM 11:03
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 14 2013

MAR 04 REC'D



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2013

STRATICON, LLC
MELISSA SANTIAGO
1002 SE MONTEREY COMMONS BLVD, STE 104
STUART, FL 34996

SUBJECT: STRATICON, LLC
Ref. Number: M01000000313

We have received your document for STRATICON, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

To change the addresses for the principal and mailing address, you can send us an e-mail from our web site or attach a page to this form stating the new address.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 413A00004164

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRATICON, LLC.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELISSA SANTIAGO
Name of Person

STRATICON, LLC
Firm/Company

1002 SE MONTEREY COMMONS BLVD. SUITE 104
Address

STUART, FL 34990
City/State and Zip Code

MELISSA.SANTIAGO@STRATICON.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA SANTIAGO at (772) 210-0200
Name of Person Area Code and 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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

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TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Straticon, LLC
2. This entity was formed under the laws of: Michigan
3. This entity was authorized to transact business in Florida on February 8, 2001 and its Florida document/registration number is MO10000000313
4. The name and address of each manager or managing member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

JEFF HARDIN
1002 SE MONTEREY COMMONS BLVD. SUITE 104
STUART, FL 34994

MGRM

CHRIS HARDIN
1002 SE MONTEREY COMMONS BLVD. SUITE 104
STUART, FL 34994

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25