M04000000976

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
(City/State/Zip/Priorite #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
•	
(Document Number)	
(2-3-3-3-3-4)	
Codifical Coming	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



200166968492

01/26/10--01020--003 **520.00

10 JAN 26 AM 11:58

SECRETARY OF STATE
/ISION OF CORPORATIONS

T. HAMPTON
JAN 2 7 2010

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Advantech Solut Name of Limite	ions IV LLC	
Name of Limite	ed 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:		
April Williams		
Name of Person		
Advantas		
Advantec Firm/Company		
1 Sampan,		
4890 W. Kennedy Blvd., Ste. 500		
Address		
Tampa, FL 33609		
City/State and Zip Code		
awilliams@advantec-hr.com		
awilliams@advantec-hr.com E-mail address: (to be used for future annual report notificat	ion)	
For further information concerning this matter, ple	ease call:	
April Williams at (
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

January 25, 2010



Via Federal Express

Registration Section Florida Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

> Change of Registered Agent Re:

Dear Sir or Madam:

Enclosed please find the cover letter and Statement of Change of Registered Agent to be filed for the following entities together with our company check in the amount of \$520 representing payment of the filing fees at noted:

- 1. Agency Management, L.L.C. \$25
- 2. Agency Solutions of Georgia, L.L.C. \$25
- 3. AdvanTech Solutions Insurance, L.L.C. -
- 4. AdvanTech Solutions Payroll Services, L.L.C. - \$25
- 5. HR Agency, L.L.C. \$25
- 6. Advantec ASO, LLC \$25
- 7. Advantec Risk Management Consulting Services, LLC - \$25
- 8. AdvanTech Solutions I. L.L.C. \$25
- 9. AdvanTech Solutions II, L.L.C. \$25

- 10. AdvanTech Solutions III, LLC \$25
- 11. AdvanTech Solutions IV, LLC \$25
- 12. AdvanTech Solutions VI, LLC \$25
- 13. AdvanTech Solutions VII, LLC \$25
- 14. TalTech Resources, L.L.C. \$25
- 15. Advantec 9, LLC \$25
- 16. Advantec 10, LLC \$25
- 17. Advantec 11, LLC \$25
- 18. Advantec 12, LLC \$25
- 19. ASI V, Ltd. \$35

April M. Welliams

20. Agency Solutions International, Inc. - \$35

Should you have any questions or need additional information, please do not hesitate to contact me at (813) 207-8619.

Sincerely,

April M. Williams Licensing Specialist

Enclosures

P:\Legal\Corporate Governance\Change of FL RA - Robbins to Smolinski - 1-2010\Letter to Div Corp - File Change of RA forms &

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: AdvanT	ech Solutions IV, LLC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3/4/04	MO4600000976
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Kimberley A. Robbins, Esq.
Registered Office Address:	4890 W. Kennedy Blvd., Ste. 500 Tampa, FL 33609
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: Robert A. Smolinski
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member By: Dianna Sheppard, Its President Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the production of the provisions of the obligations of my possible to the production of the provisions, I hereby confirm that the limited liability company.	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative voices rwise provided in the articles of organization of CORPORATION OF C

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00