

**MDS000006070**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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**T. CLINE**

FEB 13 2008

**EXAMINER**



200 West Adams Street, Suite 2007  
Chicago, IL 60606  
(312) 346-3606 (800) 934-2556  
Fax: (312) 346-3607

February 7, 2008

**VIA REGULAR MAIL**

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Project Technologies International, L.L.C.**

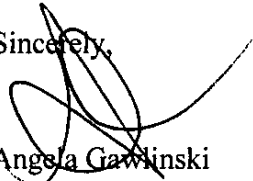
Dear Sir or Madam:

Enclosed please find a form to change the registered agent/office for the above named referenced in your state. Also enclosed is a check for the required fee. Please file with your office and return evidence to my attention in the enclosed self addressed stamped envelope.

If you have any questions, please don't hesitate to call using our toll free line at 1-800-934-2556.

Thank you.

Sincerely,

  
Angela Gawlinski  
AG/cv  
Encl.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Project Technologies International, L.L.C.  
(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:

Angela Gawlinski  
(Name of Person)

Premier Corporate Services, Inc.  
(Firm/Company)

200 West Adams, Suite 2007  
(Address)

Chicago, IL 60606  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Angela Gawlinski at ( 312 ) 346-3606  
(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

**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. The name of the limited liability company is: Project Technologies International, L.L.C.
2. The mailing address of the limited liability company is : \_\_\_\_\_  
390 N Broadway Jericho NY 11753

10/31/2005  
3. Date of filing/registration in Florida

M05000006070  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company  
Name  
1201 Hays Street  
Address  
Tallahassee, FL 32301-2525  
City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.  
Name  
2731 Executive Park Drive, Suite 4  
Florida street address (P.O. Box **NOT** acceptable)  
Weston FL 33331  
City, State and Zip

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.

\_\_\_\_\_  
(Signature of a member or authorized representative of a member)

John D'Ambrosio  
(Printed or typed name of signee)

*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.*

\_\_\_\_\_  
(Signature of Registered Agent)  
Angela Gawlinski-Asst. Secretary

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

**FILED**  
2008 FEB 12 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA