

MD80000000280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

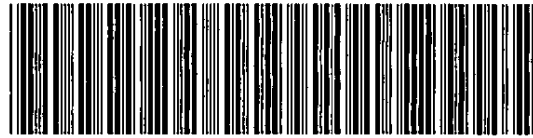
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL 29 2008

EXAMINER

FROM : CE

FAX NO. : 9546030401

Jul. 25 2008 12:14PM P2

Jul 25 08 10:18a

Vault America Inc

9544929639

p.2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Awespire Technology 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:

Mark D. Cohen, P.A.

(Name of Person)

(Firm/Company)

4000 Hollywood Blvd., Suite 4355

(Address)

Hollywood, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark D. Cohen

(Name of Person)

at (954) 962-1166

(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

CR2E123(8/07)

FROM : CE

FAX NO. : 9546030401

Jul. 25 2008 12:14PM P3

Jul 25 08 10:18a

Vault America Inc

9544929839

p.3

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Awaspire Technology LLC

2. This entity was formed under the laws of: Nevada

3. This entity was authorized to transact business in Florida on 1/16/2008
and its Florida document/registration number is M08000000280

4. The name and address of each manager or managing member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Adam Silva

11886 Haron Bay Blvd., Suite 200

Orlando Springs, FL 32078

Required Signature: 

(Signature of Manager, Managing Member or Member)

Filing Fee: \$25

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TALLAHASSEE, FLORIDA