## Me90000459

(Red	questor's Name			
(Add	dress)			
- (Add	lress)			
. (City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL .		
	siness Entity Na	me)		
(=	<b>,</b>	···- <b>/</b>		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to F	iling Officer:	_		
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G. MCLEOD				
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TALLAHAMES F STATE

## **COVER LETTER**

TO: Registration S	ection "				
Division of Co					
· Bivision of Co	or portations	•			
SUBJECT:	Thoug	ghtProje	cts LLC		
	Name of Foreign			any	
	J				
Dear Sir or Madam:					
The enclosed Affidav Managing Member(s)	-	_	• •	Change Manager(s) or	
Please return all corre	spondence concerni	 ing this ma	tter to the foll	owing:	
,	Aaron Rosenthal				
	Name of Person		*		
The	oughtProjects LLC	;			
	Firm/Company	•			
1448	Atlantic Breeze W	/av			
	Address		<del></del>		
Ponte V	edra Beach, FL 3	2082			
Ci	ty/State and Zip Cod	de			
aar	on@thoughtprojed	rts com			
E-mail address:	to be used for future	e annual re	port notificati	on)	
	,			<b>,</b>	
For further information	on concerning this m	natter, plea	se call:		
Aaron Rose	enthal at (	904 \		626-3222	
Name of P				e Telephone Number	
			· · · · · · · · · · · · · · · · · · ·	}	
STREET/COL	RIER ADDRESS:		MAILING A	DDRESS:	
Registration Section			Registration Section		
Division of Cor	porations	Division of Corporations			
Clifton Building	ġ	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314		lorida 32314			
Tallahassee, Flo	orida 32301		·		
Facilities 1 to 1 to 1	. 45 6 11 1	4			
Enclosed is a check f			0 mills = -		
\$25 Filing Fee	✓ \$30 Filing Fee & Certificate of Status	\\$55.0 Certified	0 Filing Fee & I Copy	\$60 Filing Fee, Certificate of Status &	
n	•			Certified Copy	

CR2E123(8/07)

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

The name of the limited liability company Department of State is:	y as it appears on the records of the Florida ThoughtProjects LLC
2. This entity was formed under the laws of	: Delaware
3. This entity was authorized to transact bus and its Florida document/registration numbe	r isM0900000459
4. The name and address of each manager o	r managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Aaron Rosenthal 1448 Atlantic Breeze Way Ponte Vedra Beach, FL 32082
	·
	ALLER 19 E
Required Signature	

Filing Fee: \$25

Signature of Manager, Managing Member or Member