

M09000003172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

M09-3172

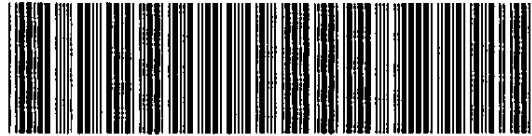
(Document Number)

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FILED  
10 AUG -2 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. ~~CLERK~~ AUG - 3 2010.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2010

GENE MARTIN  
2900 GIRALDA CIRCLE W #105  
PALM BEACH GARDENS, FL 33410

SUBJECT: SMI/ISC LLC  
Ref. Number: M09000003172

We have received your document for SMI/ISC LLC and your check(s) totaling \$55.00. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 610A00016967

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SMI ISC LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GENE MARTIN

Name of Person

Firm/Company

2900 GIRALDA CIRCLE W# 104

Address

PALM BEACH GARDENS FL 33410

City/State and Zip Code

PADX24@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GENE MARTIN

Name of Person

at ( 561 )

714-0519

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

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

**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: SMT ISC LLC
2. (a) Principal office address of limited liability company: 2900 GIRALDA Circle W #104  
☐ (Note: **MUST BE STREET ADDRESS**) PALM BEACH GARDENS FL 33410
- (b) Mailing address of limited liability company:  
☐ (Note: **MAY BE POST OFFICE BOX**) 2900 GIRALDA Circle W #104  
PALM BEACH GARDENS FL 33410
- 2009 - AUG - 14<sup>th</sup>
3. Date of filing/registration in Florida
4. Document number 200159364
5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:
- Registered Agent: JOSEPH CARPENTER
- Registered Office Address: 6400 N ANDREWS AVE #70  
FT LAUDERDALE FL 33309
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** GENE MARTIN
- NEW Registered Office Address:** 2900 GIRALDA Circle W #104  
**(MUST BE FLORIDA STREET ADDRESS)** PALM BEACH GARDENS FL 33410

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

GENE MARTIN  
Printed or typed name of signer

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

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