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•			
(Requestor's Name)			
(Address)			
(Address)			
(Addless)			
(City/State/Zip/Phone #)			
	_		
PICK-UP WAIT	MAIL		
(Business Entity Name)	 ,		
(Basilioss Entry Name)			
(Document Number)			
Certified Copies Certificates of St	atus		
Special Instructions to Filing Officer:			
A. LUNT			
A. LUNI			
NOV 1 5 2010			
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EXAMINER			
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Office Use Only

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SECRE PARY OF STATE
TALLAHASSEE, FLORINA

COVER LETTER

Division of Corpo	rations				
SUBJECT:	Ring	gleade	er Agen	cy, LL <u>C</u>	
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered	Agent/Registered C	office C	hange and	d fee(s) are submitted for filir	ıg.
				0.11	
Please return all correspo	ndence concerning	this ma	iter to the	e following:	
Chr	istina Casay				
	ristine Casey me of Person				
	ATMS			•	
Firm	n/Company				
0005 N. M.		400			
	tham Road, Suite	403_			
•					
Malha	urne, FL 32940				
	ate and Zip Code				
·	·				
ccasev@	telecomaroup.com	1			
Ccasey@ E-mail address: (to be used	for future annual report n	otification	1)		
For further information c	oncerning this matt	er, plea	se call:		
Christine (Casey	_ at (321_)	373-1547 a Code & Daytime Telephone Number	
Name of Pers	on		Area	a Code & Daytime Telephone Number	
STREET/COURI	ER ADDRESS:		MAIL	ING ADDRESS:	
Registration Sectio	n		Registration Section		
Division of Corpor	ations		Divisio	on of Corporations	
Clifton Building			P.O. Bo	ox 6327	
2661 Executive Ce	nter Circle		Tallaha	assee, Florida 32314	
Tallahassee, Florid	a 32301				
Enclosed is a che	eck for the followin	ig amo	unt:		
\$25 Filing Fee			\$55 F	Filing Fee & Certified Copy	

TO: Registration Section

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 ingleader Agency, 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			
4. The name and address of each manager o	r managing member is as follows:		
<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Thomas E. Biddix		
	6905 N. Wickham Road, Suite 403 Melbourne, FL 32940		
	WOIDGUTTO, FE 020 TO		
\neg	9		
Required Signature:	Managing Member or Member		
Signature of Manager,	ivianaging interniber or interniber		

Filing Fee: \$25