

M11000000453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 7 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cogon Systems 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:

Charlene Crawford
Name of Person

Smartronix, Inc.
Firm/Company

44150 Smartronix Way
Address

Hollywood, MD 20636
City/State and Zip Code

ccrawford@smartronix.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlene Crawford at (301) 373-6000
Name of Person 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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

3. This entity was authorized to transact business in Florida on 1/31/2011
and its Florida document/registration number is M11000000453.

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Smartronix, Inc.

44150 Smartronix Way

Hollywood, MD 20636

Required Signature: _____

M. Abu Jawad

Signature of Manager, Managing Member or Member

Filing Fee: \$25