P0500007/281

| • | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Requestor's Name) | | | | | | | | |
| | | | | | | | | |
| (Address) | | | | | | | | |
| | | | | | | | | |
| (Address) | | | | | | | | |
| (Addiess) | | | | | | | | |
| | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| | | | | | | | | |
| (Document Number) | | | | | | | | |
| | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Octunida doptes | | | | | | | | |
| | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Office Use Only



300084601613

01/18/07--01022--005 **35.00

07 JAN 18 PM 3: 37
SECRETARY OF STATE

PA Change 01/23/07 DC



November 28, 2006

SIERRA GLOBAL, INC. 818 WEST UNIVERSITY AVENUE SUITE 209 GAINESVILLE, FL 32601

SUBJECT: SIERRA GLOBAL, INC.

Ref. Number: P05000071281

WWW. Surbiz-cra docum-corp Name list

Our records indicate the registered agent for the above named corporation resigned on November 14, 2006 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain Document Specialist Division of Corporations

try into that could hap

Letter number: 506A00068380

ing the common transport of th

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of char | provisions of section nge is submitted for r to change its regis | a corporation o | rganizea | l under the la | ws of the S | State of | F | :S | - |
|--|---|--|-------------------------------------|--|--|---|-----------------------------------|------------------------------|------------------|
| | he corporation: | <u> </u> | | | in, in the s | naie oj 110 | нии, | | |
| + | office address: | | · . | Univer | Sits | * 305 | • | | |
| | -aires ville | FL | ॐ | 1601 | | | | | |
| 3. The mailing ac | ddress (if different) | · | | | | | | | |
| 4. Date of incorp | oration/qualification | n: <u>2/1/06</u> | 4 | _ Document | number: _ | | | | |
| 5. The name and Florida Depart | street address of th tment of State: | e current register | red agen | t and register | ed office o | n file with | the | | |
| • | N | | | | | | SEC | 07 | |
| | | | | | | | XET AHA | JAN | |
| : | | | | | | | ARY | 8 | |
| | | | | | | | 100 | PH | m |
| 6. The name and (if changed): | street address of th | e new registered | l agent (i | f changed) an | id /or regis | tered offic | STATE | ယ္ | O |
| · · | 7000 | Colonop | عاص | | | | D. | 7 | |
| • | Z18 W | University (P.O. Box NOT acce | eptable) | # 2009 | <u> </u> | | | | |
| : | Gaires | ille Fl | - | 32601 | | | | | |
| The street address changed will | ss of its registered be identical. | office and the s | treet add | lress of the b | usiness of | fice of its | registere | d ager | nt, |
| Such change wa authorized by th | s authorized by relie board or the cor | solution duly ad- poration has been | opted by en notifi | y its board of ed in writing | directors of the cha | or by an o ange. | fficer so | | |
| (Signatu | use of an artheer or directo | r) | _ | Ton Cal | rinted of typed | name and titl | <u>چندکو</u> م | + | - |
| I further agree to of my duties, and document is being the comment of the comment is being the comment of the c | the appointment a to comply with the of I am familiar with the filed merely to the been notified in w | provisions of all th and accept the reflect a change | l statute: e obliga in the re | gree to act in s relative to t tion of my po egistered offi | n this capa the proper osition as t ice addres. | acity. and compregistered s, I hereby | olete perj agent. (confirm | formar Or, if t that t | ıce his he |
| | | | _ | 1/6/0 | >> | | | | |
| If signing on bel | half of an entity: | nt) | | / / | (Date | e) | | | |
| | | | | | | | | | |
| (1 | 'yped or Printed Name) | | o ppp | * | | •• • | | ٠. ـ | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)