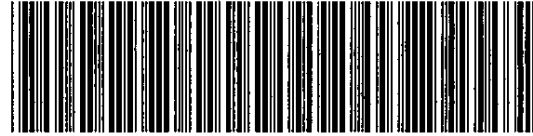


206000084687



900134402939

08/18/08--01035--027 **25.00

FILED

2009 AUG 18 P 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

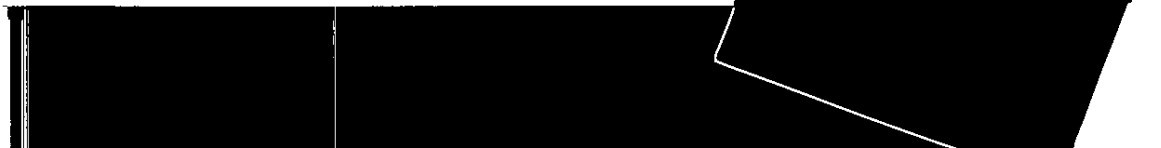
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
AUG 19 2008
EXAMINER

Office Use Only



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tellus Ten, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Don Picolo
(Name of Person)

Tellus Ten, LLC
(Firm/Company)

P.O. Box 3226
(Address)

Gulfport, MS 39505
(City/State and Zip Code)

2000 AUG 18 P 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

For further information concerning this matter, please call:

Don Picolo at (228) 832-8302
(Name of Person) (Area Code & 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

\$55 Filing Fee & Certified Copy

