

LO70000111229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

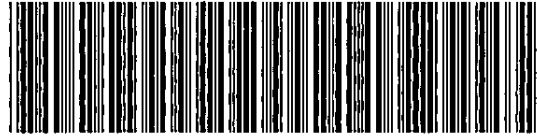
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MAY - 6 2008

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2008 MAY - 2 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

7/25/07 10:07

SUBJECT: Mariana & Associates 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:

ERIKA HUETT
(Name of Person)

Mariana & Associates LLC
(Firm/Company)

7377 NW 174th terrace #B100
(Address)

Miami FL 33015
(City/State and Zip Code)

For further information concerning this matter, please call:

ERIKA HUETT at (786) 290 8552
(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

Address change

INHS18 (8/05)

LO7000111229

