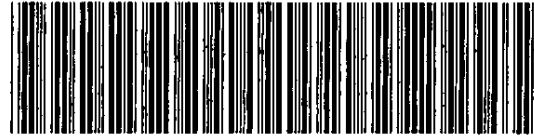


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SF Tampa, 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:

Todd Reynolds  
(Name of Person)

Florida Facilities, LLC  
(Firm/Company)

44 S Broadway, Suite 614  
(Address)

White Plains/NY/10601  
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Reynolds at ( 914 ) 390-4301  
(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)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SF Tampa, LLC
2. This entity was formed under the laws of: Delaware
3. This entity was authorized to transact business in Florida on June 9, 2008  
and its Florida document/registration number is M08000002743
4. The name and address of each manager or managing member is as follows:

Title:  
 "MGR" = Manager  
 "MGRM" = Managing Member

Name and Address:

MGMR

	Florida Facilities, LLC
	44 South Broadway, Suite 614
	White Plains, NY 10601

Required Signature: *[Handwritten Signature]*, President  
 (Signature of Manager, Managing Member or Member)

Filing Fee: \$25

FILED  
 08 AUG -8 AM 8:14  
 SECRETARIAT OF STATE  
 TALLAHASSEE FLORIDA