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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	- 1
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE
DEC 0 2 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Division of	Section Corporations						
SUBJ	ECT:	DG ZE	PHYRHILL	S SR 54, LI	LC			
		Name of For	eign Limited I	Liability Comp	oany	<del>-</del>		
Dear S	Sir or Madam	:						
		avit by Foreign L (s) and fee(s) are			Change Mar	nager(s)	or	
Please	return all co	respondence con	cerning this m	atter to the fol	lowing:			
	l	EONID CHERI	NOY					
		Name of Perso	on					
	AD	ELEN HOLDING	G. LLC					
		Firm/Compan		<del></del>				
	275	COLERIDGE S	TREET			A		
	210	Address	) II (LLI			<b>≥</b> C	25	****
	25		44005			AS	Ĵ	
		ROOKLYN, NY City/State and Zi		<del></del>		SEE	_	
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	L	CHERNOY@G : (to be used for the	MAIL.COM	anaut natificat	<del>[</del> an)	OR.	4	
E	-man address	: (to be used for	iuture annuai r	eport notificat	юп)	DE DA	9	
For fu	rther informat	ion concerning tl	his matter, plea	ise call:				
	LEONID CH	HERNOY	at ( <u>   917   )                              </u>		415-1122			
		Person	Area Co	de and Daytim		Number		
	STREET/CO	OURIER ADDRE	SS:	MAILING A	DDRESS:			
Registration Section			Registration S	ection				
	Division of Corporations		Division of Co					
	Clifton Building 2661 Executive Center Circle		P.O. Box 632					
		Florida 32301		Tallahassee, F	10F1Qa 32314			
	sed is a check iling Fee	for the followin \$30 Filing Fee Certificate of State	e& <b>□</b> \$55.0	00 Filing Fee & d Copy	\$60 Filing Certificate of Certified Cop	Status &		

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

1. The name of the limited liability compa Department of State is: DG	any as it appears on the records of the Florida ZEPHYRHILLS SR 54, LLC	
2. This entity was formed under the laws of	of: WYOMING .	
3. This entity was authorized to transact be and its Florida document/registration numbers.		
4. The name and address of each manager	or managing member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	•
MGRM	ADELEN HOLDING, LLC  275 COLERIDGE STREET  BROOKLYN, NY 11235	•
MGR_	ADELLA CHERNOY 275 COLERIDGE STREET BROOKLYN, NY 11235	
MGR_	LEONID CHERNOY  275 COLERIDGE STREET  BROOKLYN, NY 11235	J
<del></del>		
— H		
Required Signature:Signature of Manager,	, Managing Member or Member	

Filing Fee: \$25