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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MR NO. 5, 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:

Luis Machado
(Name of Person)

MR NO. 5, LLC
(Firm/Company)

10511 North Kendall Drive Suite C-205
(Address)

Miami, Florida 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Machado at (305) 596-0505
(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

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