

(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:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)		
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Office Use Only



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12/8/09

SUNBIZ Fax: 1-850-245-6013

December 07, 2009

TO WHOM IT MAY CONCERN:

I would like to request a change on the manager's address Jussara Quinan for the company named

SARAH'S TASTE OF BRASIL,LLC

Document Number L09000096569

The CORRECT information is:

Correct Address

6216 RALEIGH ST APT 702 ORLANDO FL 32835

If you need any further information, you may contact me at (407) 370-3686.

Thank You!