

LO4000092774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

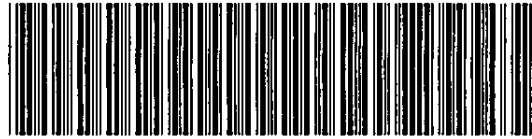
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900085594209

01/25/07--01021--008 \*\*25.00

FILED  
07 JAN 25 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

N. O. [Signature] JAN 26 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OG Miracles Partners, 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:

Catherine Hester  
(Name of Person)

Harrison, Rivard & Bennett  
(Firm/Company)

101 Harrison Avenue  
(Address)

Panama City, Florida 32401  
(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Hester at ( 850 ) 769-7714  
(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

