106000017839

(Requestor's Name)		
(Address)		
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(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



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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2010

EMILIO MILA 10421 NW 28 ST D 110 MIAMI, FL 33172

SUBJECT: LEE INVESTORS GROUP LLC.

Ref. Number: L06000017839

10 HAR 16 PH 2:

We have received your document for LEE INVESTORS GROUP LLC. and your check(s) totaling \$43.75. However, the enclosed document has not been filled and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$11.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 910A00005925

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Lee In Vestor Name of Limited Lia	RS Group I	Tuc
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for f	īling.
Please return all correspondence concerning this matter	r to the following:	
Name of Person Lee In Vestors Grove Firm/Company 10421 May 28 St : Address MIAM' Fe 331' City/State and Zip Code	<u>0</u> 110	10 MAR 16 PM 2: 19 TALLAHASSEE, FLORIDA
For further information concerning this matter, please of	call:	
EMILIO MILA at (3)	Area Code & Daytime Telephone Number	ට ber
Registration Section I Division of Corporations I Clifton Building I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount	:	
C\$25 Filing Fee	\$55 Filing Fee & Certified Conv	J

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Lee INVESTORS Group 110 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2-17-2006 - 06000017839 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. If wither agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Cestro

Signature of Registered Agent