L08000114294

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Certified Copies	Certificates	s of Status
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EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Saboe, LLC Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Hercedes DURNIED. Name of Person	· 	
Firm/Company	· 	
336 155 Ocean Lane V) R	Doif 1101	
Kef Bis Cay No 7 331	49.	
E-mail address: (to be used for future annual report notification	Coul.	
For further information concerning this matter, plea	ase call:	
Helledes Dolle at (C	305) 799-5931. Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 323	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	
INHS18 (5/08)		

INHS18 (5/08)



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2010

MERCEDES DURRIEO 355 WESTWOOD DR KEY BISCAYNE, FL 33149

SUBJECT: SABUE LLC

Ref. Number: L08000114294

We have received your document for SABUE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6955.

Letter Number: 610A00021564

Suzanne Hawkes Regulatory Specialist II

www.sunbiz.org



October 25, 2010

MERCEDES DURRIEO 355 WESTWOOD DR KEY BISCAYNE, FL 33149

SUBJECT: SABUE LLC Ref. Number: L08000114294

We have received your document for SABUE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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

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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 610A00021564

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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company:	ve, LLC
2. (a) Principal office address of limited liability compar	ny: 155 Orlandand)
(Note: MUST BE STREET ADDRESS)	Usit 1101 Key Biscappe, 71 33149-
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Sauce as above
12-15-08 3. Date of filing/registration in Florida	<u>L08000114294</u> 4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Lizabethe F Calvo. P.A.
Registered Office Address:	328 Crandon Blud Suite 226 Key Biscajue, Fl 33149.
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	Hercedes Durried.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Ocean Lawe DR. Doit 1101 Key Biscayne FL 33149.
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ontical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote terwise provided in the articles of organization my.
Signature of Registered Agent	my nas veen nounea in writing of this change.