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D. BRUCE
OCT 16 2009
EXAMINER

TO:

Registration Section

## **COVER LETTER**

**Division of Corporations** ENTRE NOUS ET MOI LLC **SUBJECT:** 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: DIANE R WEISENBERG Name of Person ENTRE NOUS ET MOI LLC Firm/Company 13255 AVILA BEACH COVE Address DELRAY BEACH, FL 33446 City/State and Zip Code DWDEDUCTN@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DIANE R WEISENBERG 637-2666 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy



## 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.

Name of the limited liability company:	ENTRE NOUS ET MOI LLC
2. (a) Principal office address of limited liability comp	400FF 11/11 4 DE4011 001/F
- ( <u>Note: MUST BE STREET ADDRESS</u> )	DELRAY BEACH, FL 33446
(b) Mailing address of limited liability company:	13255 AVILA BEACH COVE
(Note: MAY BE POST OFFICE BOX)	DELRAY BEACH, FL 33446
JANUARY 26, 2009	L0900007704
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	DIANE R WEISENBERG  13255 AVILA BEACH COVE  DELRAY BEACH  TO STATE OF THE STATE OF
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 vote 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.    Dianch executive   Signature of a member or authorized representative of a member	
DIANE R WEISENBERG Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office bany has been notified in writing of this change.
Diane Wenning Signature of Registered Agent	

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