L09000044157

(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

500180899745

Ac 5/17/10
E. DENNARD

May 14th, 2010.
To: Florida Department of State
Division of Corporation
FAX: 850-245-6897

Dear Madam /Sir:

We would like to ask you, please, to correct the following address for the Company:

HABITAT CLASSIC LLC (L09000044157)

Principal and Mailing Address :

Previous: 8333 N.W. 74TH STREET MIAMI, FL 33166

Current: 589 E SAMPLE RD SUITE 103 POMPANO BEACH, FL 33064

Best Regards,

CONSUELO J DE GONZALEZ
Manager Member