## L09000083421

(Requestor's Name)		
(Address)		
, ,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Duringer Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
(11.)		
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Office Use Only



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## **COVER LETTER**

Division of Corporations	
SUBJECT: XE Management 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 concernin	g this matter to the following:
Manda Wanta Namana	
Maria Tarle, Manager Name of Person	
Xandia LLC	
Firm/Company	
3208-C E. Colonial Drive #153	
Address	
Orlando, FL 32803	
City/State and Zip Code	
ada92653@yahoo.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this ma	utter, please call:
Maria Tarle	at ( 407 ) 353-2798
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: 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 follow	ing amount:
X \$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.

agem, or som, in the state of 1 torical.			
1. Name of the limited liability company: XE Managem	ent LLC		
2. (a) Principal office address of limited liability company	y: 3 <u>208-C E. Colonial</u>	<u>Drive #153</u>	
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32803	DIV. 0	
(=::::::		0 3 S C C	
(b) Mailing address of limited liability company:		NOV 2	
(Note: MAY BE POST OFFICE BOX)		<b>9</b> 중작	
		3 200	
08/28/2009	L09000083421	<b>ラ</b> 名と	
3. Date of filing/registration in Florida	4. Document number	= 2	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of	of State:	
Registered Agent:	Agents and Corporations		
	300 Fifth Avenue South, Suite 101-330		
Registered Office Address:	Naples, FL 34102		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	Xandia LLC		
•	3208-C E. Colonial Driv	 e #153	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Orlando, FL 32803		
	,F	7L	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company  Maria Tarlo  Signature of a member or authorized representative of a member	la-ida atuaat adduaaa at tha maaidt	anad attion	
Maria Tarle			
Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particle to the Statutes of the configuration of the configuratio	igree to act in this capacity. I fui oper and complete performance o sition as registered agent as pro rely reflect a change in the regis y has been notified in writing of t	ther agree to of my duties, vided for in tered office this change.	
Maria Tarle, Signature of Registered Agent			