## 1100000077247

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J. SAULSBERRY EXAMINER

JUN 23 2011

## **COVER LETTER**

то:	Registration Section Division of Corporations	į.
SUB	JECT: DEBEE LLC  Name of L	imited Liability Company
Dear	Sir or Madam:	
The e	enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning t	his matter to the following:
	DEBBIE Hagen Name of Person  DEBLE LLC Firm/Company  10550 Sw. 6941  Address  Miami H. 3  City/State and Zip Code  Hagen. DEBBIE @ 9	SECRETARIOS STATES AM 9: 06  ALE AHASSEEF FLORIDA  Mail. Com
For fi	And the second state of th	Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	\$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.

1. Name of the limited liability company:	E
2. (a) Principal office address of limited liability company	y: 10550 SW 69 Ave
(Note: MUST BE STREET ADDRESS)	miami Fz. 33156
(b) Mailing address of limited liability company:	10550 SW 19 AVE
(Note: MAY BE POST OFFICE BOX)	MIÐMÍ FZ. 33/56.
5/1/11	L/0000077247
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:	DOW CORPORATION Service Con
Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL. 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY NEW</u> Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	DEBBLE Hagen 10550 SW69 Are Miami FL 33151
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.  Signature of a member or authorized representative of a member  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 province of a member of the obligations of my possible of the province of the obligations of my possible of the province of the obligations of the province of the	lorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of Registered Agent	

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