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*Ra change*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DRobinson 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 concerning this matter to the following:

Deborah Robinson  
Name of Person

DRobinson LLC  
Firm/Company

9330 Jaybird Cir E  
Address

Jacksonville FL 32257  
City/State and Zip Code

Robinson9602@bellsouth.net  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR -9 PM 3:39

For further information concerning this matter, please call:

Deborah Robinson at (404) 966-4682  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**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

