## M0500000961

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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SECRETARY OF STATE
SECRETARIOSSEE: FLUORID

N. Gulligan MAY - 2 2012

## COVER LETTER

TO:	0	Section Corporations	,		·		
SUBJ	ECT:						
		Name of Foreign	n Limited I	Liability Comp	any		
Dear S	Sir or Madam:						
		wit by Foreign Limis) and fee(s) are sub			Change Manager(s) or		
Please	return all cor	respondence concer	ning this m	atter to the foll	owing:		
	P.A	AUL LABINER, ES	Q.				
		Name of Person					
LAW OFFICE OF PAUL LABINER							
	Firm/Company						
5499 NO FEDERAL HWY.							
	Address						
BOCA RATON, FLORIDA 33487							
	(	City/State and Zip Co	ode				
	TXADV@AOL.COM						
Е	-mail address:	(to be used for futu	re annual r	eport notificati	on)		
For fu	rther informat	ion concerning this 1	matter, plea	ise call:			
	PAUL LA	BINER at	( 561 )	!	998-2362		
	Name of		Area Co	de and Daytim	e Telephone Number		
	Registration S Division of Co Clifton Buildin	orporations ng re Center Circle		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations		
Enclos ✓\$25 F	sed is a check iling Fee	for the following a \$30 Filing Fee & Certificate of Status		00 Filing Fee & d Copy	\$60 Filing Fee, Certificate of Status & Certified Copy		

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S) SECRETARY OF STATE TALLAHASSEE; FLORIDA

Department of State is: GG	y as it appears on the records of the Florida /DH MANAGEMENT, LLC .
2. This entity was formed under the laws of	f:DELAWARE
3. This entity was authorized to transact bu and its Florida document/registration number	siness in Florida on 2/21/2005 er is
4. The name and address of each manager of	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
HGYR	Steven L Harrison 5977 Hy hoad hed bud III 62278
<del></del>	
Required Signature: Signature of Manager,	Managing Member or Member

Filing Fee: \$25