

MD8000002725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

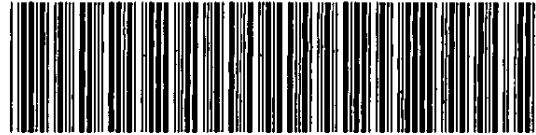
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AUG 11 2008

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08 AUG - 8 AM 8:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MF Debary, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd Reynolds
(Name of Person)

Florida Facilities, LLC
(Firm/Company)

44 S Broadway, Suite 614
(Address)

White Plains/NY/10601
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Reynolds at (914) 390-4301
(Name of Person) (Area Code and 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

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MF Debary, LLC.

2. This entity was formed under the laws of: Delaware.

3. This entity was authorized to transact business in Florida on June 9, 2008
and its Florida document/registration number is M08000002725.

4. The name and address of each manager or managing member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGMR

Florida Facilities, LLC

44 South Broadway, Suite 614

White Plains, NY 10601

Required Signature: _____

C. RD, President
(Signature of Manager, Managing Member or Member)

Filing Fee: \$25

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TALLAHASSEE FLORIDA

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