M08000003639

(Re	equestor's Name)		
(Ac	Idress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone #	f)	
PICK-UP	☐ WAIT	MAIL	
(Bi	isiness Entity Name	e)	
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

STATE -LORIDA

T. CLINE

OCT - 1 2008

EXAMINER

COVER LETTER

	istration Section sion of Corporations				
SUBJECT:	JOHN GALT RI (Name of Fore	EFINING LLC eign Limited Liability (Company)		
Dear Sir or	Madam:				
	ed Affidavit by Foreign Li Member(s) and fee(s) are s	•	ny to Change Mana	iger(s) or	
Please retur	n all correspondence conc	erning this matter to the	e following:		
Michae	l LaSala				
	(Name of Perso	on)			
IncSma	art.biz, Inc			ZOGG TAL-	
<u></u>	(Firm/Compan	y)		SET	
4421 E	dward Ave.			TAR HASS	
	(Address)			Y A	
Las Ve	gas, NV 89108			2008 SEP 30 AM 9: 57 SECRETARY OF STATE TALLAHASSEE, FLORID	£,
200 10	(City/State and Zi	Code)		E 51	
For further	information concerning th	is matter, please call:		'	
	l LaSala		201		
	(Name of Person)	at (702) 334-03 (Area Code and D		Number)	
STR Regi Divi Clift 266	REET/COURIER ADDR istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	ESS: MAILII Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314		
Enclosed is ✓ \$25 Filing F	ree \$\instyle \$30\$ Filing Fee Certificate of State	& 🔲 \$55.00 Filing Fe	Certificate of Certified Copy	Status &	
CR2E123(8/0	7)				

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

1. The name of the limited liability compan Department of State is: JOHN GALT RE		: Florida 	•
2. This entity was formed under the laws of	: Nevada		•
3. This entity was authorized to transact but and its Florida document/registration number	siness in Florida on <u>08/04/2008</u> er is <u>M08000003639</u>		<u>_</u> .
4. The name and address of each manager of	or managing member is as follows:	TALL	S BOOK
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	RETARY OF	ZOOB SEP 30 AM
MGR_	BRIAN J MYERS 124 NE 7TH AVENUE BOYNTON BEACH FL 33436		ـــــــــــــــــــــــــــــــــــــ
			<u> </u>
		,	
			<u> </u>
Required Signature: Mushul ha	Managing Member or Member)		
(S.B. arai e or intanapen			

Fiting Fee: \$25