M08000004337

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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03/16/09--01020--009 **25.00

J. BRYAN

MAR 1,7 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Microzaga, LLC		• •		
	(Name of Foreign	n Limited Liabil	ity Com	pany)	
Dear :	Sir or Madam:				
	nclosed Affidavit by Foreign Limitoging Member(s) and fee(s) are subr			Change Manager(s) or	
Please	e return all correspondence concern	ing this matter t	o the fol	lowing:	
Guy	Rabideau			SEC FALL	***
	(Name of Person)			RETAR AHASS	
	(Firm/Company)			Y OF	֓֞֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡֓֡֓֡
400	Royal Palm Way, Suite 20	14		LOSTA STA	,
	(Address)	-		ABY ABY	ś
Paln	n Beach, Florida 33480				
- 411	(City/State and Zip C	ode)			
For fu	orther information concerning this n	·	II:		
_	-	(561 ₎ 655-			
	(Name of Person)			ne Telephone Number)	
	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	istration ision of C . Box 632	Corporations	
	sed is a check for the following at Filing Fee \$30 Filing Fee & Certificate of Status	mount: \$55.00 Fili Certified Copy		\$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E123(8/07)

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

The name of the limited liability compan Department of State is: Microzaga, LLC	y as it appears on the records of the Florida	
2. This entity was formed under the laws of	f: <u>Delaware</u> .	
3. This entity was authorized to transact but and its Florida document/registration number	siness in Florida on <u>September 24, 2008</u> er is <u>M08000004337</u>	
4. The name and address of each manager of	or managing member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR_	Kevin Sloane 801 South Olive Ave., Suite 111	
	West Palm Beach, Florida 33401	
	SECRE TALLAH	-
	· · · · · · · · · · · · · · · · · · ·	T
	3: 39 STATE LORIDA	
Required Signature: \(\sigma_v \) \(\sigma_v \) \(\sigma_v \) \(\sigma_v \) (Signature of Manager,	Managing Member or Member)	

Filing Fee: \$25