M11000006156

DESOLE GROUP, LLC (Requestor's Name)		
(Requestor's Name) POBOX BOS (Address)		
ESTERO FL 33928 (Address)		
(Åddress)		
(City/State/Zip/Phone #)		
(Otty/State/Zip/Priorie #)		
PICK-UP WAIT MAIL		
NOVAM LLC (Businéss Entity Name)		
M 11 00000 6154 (Document Number)		
(Document Number)		
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2012 APR 23 AM 8: 02
SECRETARY OF STATE
AND SECRETARY OF STATE
TAX FOR THE SECRETARY OF STATE

J. SAULSBERRY EXAMINER APR 25 2012

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: NOVAM LLC				
Name of Foreign Limite	ed Liability Company			
Dear Sir or Madam:				
The enclosed Affidavit by Foreign Limited Liab Managing Member(s) and fee(s) are submitted to	• • •	ager(s) or		
Please return all correspondence concerning this	s matter to the following:			
Name of Person DESOLE GROUP, LCC Firm/Company PO BOX 1308 Address				
Name of Person				
DESOLE GROUP LLC				
Firm/Company	 .	,		
10 BOX 1308		Z	201	
Address		SE	2 AF	#200g
ESTERD FL 33926 City/State and Zip Code Liana @ danatagra E-mail address: (to be used for future annu	Я	AS	2012 APR 23	
City/State and Zin Code	<u></u>	<u> </u>		; ;
Chyrotine and Zip code		71.00 THE SECTION OF THE SECTION OF	Ì	} ;
F-mail address: (to be used for future annu	al report notification)	32	8: 02	
E-man address. (to be used for ratione annu	:	<u>Š</u> aj	02	
For further information concerning this matter,	please call:			
LIANA BUIRDS at 03	9, 405-2295			
Name of Person Area	Code and Daytime Telephone	Number		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301	rananassee, rionua 32314			
	: \$55.00 Filing Fee & \$\int\\$60 Filing I rtified Copy Certificate of S			
	Certified Copy	y		

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

1. The name of the limited liability compar Department of State is: NOVAM	ny as it appears on the records of the Florida
2. This entity was formed under the laws o	of: STATE OF DELAWARE
3. This entity was authorized to transact buand its Florida document/registration numb	er is M 11 000006156 25 3
4. The name and address of each manager	or managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>MGR</u>	DESOLE GROUP LICE &
<u>MGR</u> M	ANA I. HAGSTROM 21585 WINDHAM RUN ESTENO FL 33928
<u>MGRM</u>	DANIEL QUIRDS PO BOX 1308 ESTE RO, PL 33928
	
	
Required Signature: Signature of Manager,	Laption MURM, Managing Member or Member

Filing Fee: \$25