## 11000006156

(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SURJECT: NOVAM LLC		
SUBJECT: Name of Foreign Limited Liability	Company	
Dear Sir or Madam:	Ĩ.	
The enclosed Affidavit by Foreign Limited Liability Comp Managing Member(s) and fee(s) are submitted for filing.	oany to Change Manager(s) or	
Please return all correspondence concerning this matter to	the following:	
ANA I. HAGSTROM  Name of Person	_	
Name of Person		
NOVAM LLC Firm/Company		
	<del>_</del>	
21585 WINDHAM RUN Address		
Address	_	
ESTERD, FL 33928  City/State and Zip Code	_	
	'n	
E-mail address: (to be used for future annual report n	otification)	
For further information concerning this matter, please call	:	
Name of Person at (239) 98  Area Code and	9-5624	
Name of Person Area Code and	Daytime Telephone Number	
	ING ADDRESS:	
	Registration Section	
	Division of Corporations	
•	Sox 6327	
Tallahassee, Florida 32301	assee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\bigcup \\$30 Filing Fee & \bigcup \\$55.00 Filing Certificate of Status Certified Copy	Fee & \$\int_\$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)

1. The name of the limited liability compan Department of State is: NOVAM	y as it appears on the records of the Florida
2. This entity was formed under the laws of	: STATE OF DELAWARE
3. This entity was authorized to transact bus and its Florida document/registration numbe	siness in Florida on <u>DEC</u> 8, 2011 or is <u>M 11 0 00 00 6 156</u>
4. The name and address of each manager of	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ANA HAYSTROM 21585 WINDHAM RUN
	ESTERD FL 33928
MGRM	DANIEL QUIROS PO BOX 1308
	PD BOX 1308 ESTERD, FL 33928
_ <del></del>	
<del></del>	
Required Signature:  Signature of Manager	Managing Member or Member

Filing Fee: \$25