

46002174
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000428368 3))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I2010000062
Phone : (888)705-7274
Fax Number : (888)706-7274

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
DEC 18 AM 11:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
1191 CABANA RD. PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Handwritten notes:
1191 Cabana Rd
12/15/23

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1191 CABANA RD. PARTNERS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

5301 Southwest Pkwy, Suite 400

Address

Austin, Texas 78735

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Person

at (888) 705-7274

Area Code & 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

\$55 Filing Fee & Certified Copy

