

L220000Z5935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

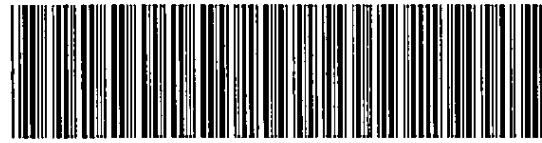
(Business Entity Name)

(Document Number)

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2023 JAN 13 PM 4:04  
CLERK OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

9211 OAK ISLAND LN LLC

**SUBJECT:** \_\_\_\_\_  
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:

Carrie Sue Cunningham

\_\_\_\_\_  
Name of Person

9211 OAK ISLAND LN LLC

\_\_\_\_\_  
Firm/Company

9121 Oak Island LN

\_\_\_\_\_  
Address

Clermont, FL, 34711

\_\_\_\_\_  
City/State and Zip Code

Cunninghamc2009@yahoo.com

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

For further information concerning this matter, please call:

Carrie Cunningham

407

760-4488

\_\_\_\_\_  
Name of Person at ( ) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

