

113000001964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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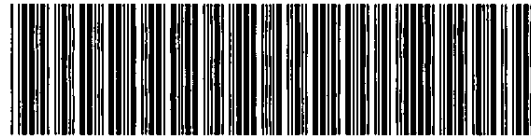
(Business Entity Name)

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11/04/13

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sawicki Insurance Agency LLC.

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Sawicki

Name of Person

Sawicki Insurance Agency LLC.

Firm/Company

55 Talcott Ave

Address

Vernon, CT, 06066

City/State and Zip Code

josh@sawickiagency.com

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

For further information concerning this matter, please call:

Josh Sawicki at (860) 8677637

Name of Person

Area Code and 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

\$30 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

