

F13000005033

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SARAZONA LIMITED INC.
Name of Corporation

DOCUMENT NUMBER: F13000005033

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NORMAN J SHEA III CPA

Name of Contact Person

SUPLEE SHEA CRAMER & ROCKLEIN PA

Firm/Company

800 S OSPREY AVENUE

Address

SARASOTA FL 34236

City/State and Zip Code

KATHY@SUPLEE-SHEA.COM

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

For further information concerning this matter, please call:

NORMAN J SHEA at 941 366-3600
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
DIVISION OF CONCORDANCE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)