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DB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evermere 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:

Lynda Alicki
(Name of Person)

(Firm/Company)

1534 Westchester Ave
(Address)

Wellington, FL 33414
(City/State and Zip Code)

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For further information concerning this matter, please call:

Lynda Alicki at (561) 373-9393
(Name of Person) (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

