

LO2000014648

(Requester Name)

1526 RIVERBEND DR.
LABELLE, FL. 33935

(Address)

(City/State/Zip/Phone #)

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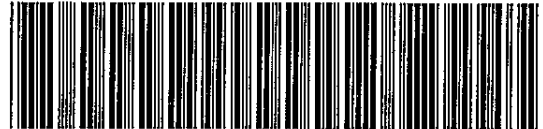
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OK

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- FILING FEE: \$25.00**

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