

L040000000183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

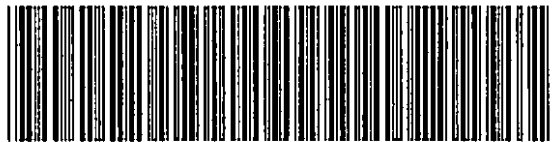
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Masuen Consulting, 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:

Mitchel Walker

Name of Person

Masuen Consulting, LLC

Firm/Company

642 Yates Road

Address

Newport, WA 99156

City/State and Zip Code

masuen@masuenconsulting.com

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

For further information concerning this matter, please call:

Mitchel Walker at (866) 928-1533x212

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

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2018-05-18 PM 1:18
CLERK OF COURT
TALLAHASSEE, FLORIDA

