

L040000067162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Huginnuth New Paradise 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:

Joyce Mulder
(Name of Person)

Huginnuth New Paradise, LLC
(Firm/Company)

1157 W Dixie Freeway
(Address)

New Smyrna Beach, FL 32168
(City/State and Zip Code)

For further information concerning this matter, please call:

Idan Mulder at (386) 690 1736
(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

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.

- Florida Department of State
- John Miller
Name
1157 N Dixie
Address
New Smyrna Beach FL 32168
City, State and Zip

- JOYCE M MUR
Name
1157 N Dine Fwy
Florida street address (P.O. Box NOT acceptable)
New Smyrna FL 32168
City, State and Zip

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TALLAHASSEE, FLORIDA

(Signature of a member or authorized representative of a member)

John Miller
(Printed or typed name of signee)

(Signature of Registered Agent)

FILING FEE: \$25.00