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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARKWAY WAREHOUSE ASSOCIATES, 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:

Douglas Bogue

Name of Person

Parkway Warehouse Associates, LLC

Firm/Company

26 Tall Oaks Circle

Address

Tequesta, FL 33469-2713

City/State and Zip Code

douglasbogue@comcast.net

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

For further information concerning this matter, please call:

Douglas Bogue at (561) 3087112
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 605.0114 or 605.0116, 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.

2. (a) Douglas Bogue

(Note: MUST BE STREET ADDRESS)

Tequesta, FL 33469-2713

(b) Douglas Bogue

(Note: MAY BE POST OFFICE BOX)

Tequesta, FL 33469-2713

4. Document number

Tequesta 33469-2713

_____, FL

D. J. Breyer
a member or authorized representative of

Printed or typed name of signee

[Signature]
Registered Agent

Signature of Registered Agent

FILING FEE: \$25.00

INHS18 (2/14)