

L05000032174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

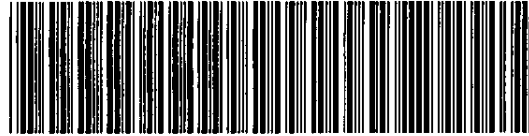
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 7 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRB ENTERPRISES, 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:

CAROL A. BECKWORTH

Name of Person

CRB ENTERPRISES, LLC

Firm/Company

1765 E. NINE MILE RD., SUITE 1, #390

Address

PENSACOLA, FL 32514

City/State and Zip Code

crb_enterprises_llc@yahoo.com

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

For further information concerning this matter, please call:

CAROL A. BECKWORTH

Name of Person

at (850)

857-0747

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.

INHS18 (05/08)