



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LLD VENTURES 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:

WILLIAM T. KOYER

(Name of Person)

LLD VENTURES LLC

(Firm/Company)

P O BOX 16466

(Address)

JACKSONVILLE FLORIDA 32245-6466

(City/State and Zip Code)

For further information concerning this matter, please call:

W. KOYER

(Name of Person)

at (904) 721-7682

(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

