

LO70000981626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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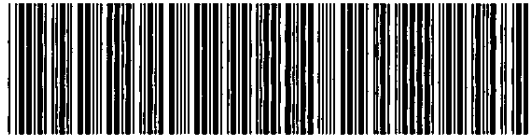
Special Instructions to Filing Officer:

**L. SELLERS**

SEP 24 2009

**EXAMINER**

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**FILED**  
09 SEP 23 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Plan Options, 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:

Melvin P. LeFever

Name of Person

Plan Options, LLC

Firm/Company

P.O. Box 90484

Address

Lakeland, FL 33804

City/State and Zip Code

planoptions@yahoo.com

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

For further information concerning this matter, please call:

Melvin LeFever

Name of Person

at ( 863 )

670-5737

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