## 10000113738

(Requestor's Name)			
(Address)			<b></b>
(Address)	· ·		
(City/State/Zip/Phone #)			
PICK-UP WAIT		MAIL	
(Business Entity Name)		,	,
(Document Number)	:		:
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∴Certified Copies · · · Certificates of a	Status:		<u>·</u>

Special Instructions to Filing Officer:

L. SELLERS

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**EXAMINER** 

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ALL AHASSEE FLORIDA

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## COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	TR McAshton, 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	e concerning this matter to the following:
· Tom Ty	uler .
(Name of Pe	
Thomas C. Ty (Firm/Comp	
735 East Venice A	
(Address)	
Venice, Florid (City/State and 2	
For further information concern	ing this matter, please call:
Tom Tyler	at ( 941 ) 488-4422
(Name of Person	(Area Code & Daytime Telephone Number)
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 32301	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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

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