

LO7000126174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

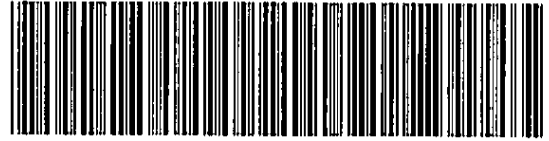
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDIGO PALMS AT MAITLAND, 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:

Kevin Jemmott
Name of Person

INDIGO PALMS AT MAITLAND, LLC
Firm/Company

3989 Chain Bridge Road
Address

Fairfax, VA 22030
City/State and Zip Code

kevin.jemmott@icloud.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Purdum at (703) 359-7200
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

