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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

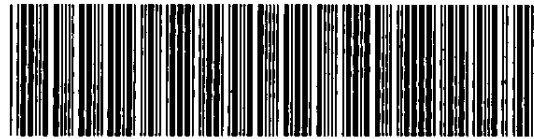
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 22 PM 1:40

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GAR of Marco, 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:

Roland Hauber

Name of Person

GAR of Marco, LLC

Firm/Company

1195 Whiteheart Ct.

Address

Marco Island, FL 34145

City/State and Zip Code

srhauber@gmail.com

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

For further information concerning this matter, please call:

Roland Hauber

Name of Person

at ( 239 )

285-3700

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