

LO90000

K/A32

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

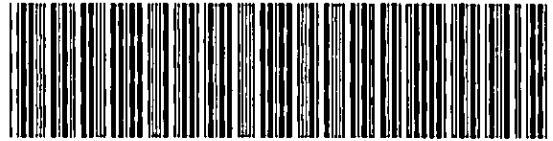
(Business Entity Name)

(Document Number)

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AS MAY 30 11 11 AM  
RECEIVED  
SECRETARY OF STATE

05/30/19  
11:11 AM

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 525 Regency LLC  
Name of Limited Liability Company

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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:

Rhonda Ory Williams  
Name of Person

525 Grand Regency LLC  
Firm/Company

525 Grand Regency Blvd  
Address

BRANDON FL 33510  
City/State and Zip Code

rhonda.ory@cydrex.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Ory Williams at (813) 490-5104  
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

