

LU9000039369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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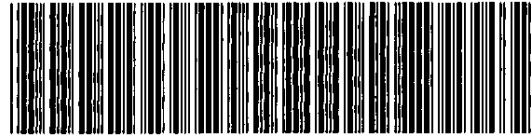
(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

T. CLINE

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gloucester Group, 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:

Felipe Posada
Name of Person

Gloucester Group, LLC
Firm/Company

177 Ocean Lane Drive, Apt 1213
Address

Key Biscayne, FL 33149
City/State and Zip Code

posadaf@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felipe Posada at (786) 3504989
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

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STATE OF FLORIDA
TALLAHASSEE, FL 32314

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