

LD9000048832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

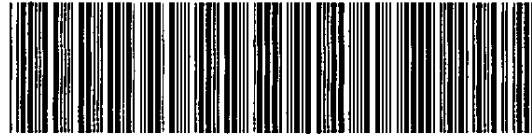
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600157071636



KB
7/17

Murphy, Erin L.

From: Louis Quiles [louis@gf-is.com]
Sent: Wednesday, July 08, 2009 10:58 AM
To: CorpAddressChange
Subject: Physical Address Change

Good morning:

I am calling in regard to **Good Faith Insurance Services LLC** that was incorporated on 05/19/2009; doc # L09000048832.

Please change the physical and mailing address to:

**3848 Flatiron Loop Suite 102
Wesley Chapel, FL 33544**

Please also add the following TAX ID # to our profile:

27-0225380

I am Louis M. Quiles, owner of the company and I attest that the above information is accurate.

Louis M Quiles

Good Faith Insurance Services

Ph#: 813-994-3366

Cell# 813-464-5219

Fax#: 813-994-9669

Email: louis@gf-is.com

Web: www.gf-is.com

