

L100000017233

(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



600251270716

09/03/13--01047--004 **25.00

FILED

2013 SEP -3 PM 4:04
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SEP - 4 2013
J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palmway Design Studio 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:

Adrienne Mayer

Name of Person

Palmway Design Studio LLC

Firm/Company

1629 N. Palmway

Address

Lake Worth, FL 33460

City/State and Zip Code

adrienne61513@gmail.com

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

For further information concerning this matter, please call:

Adrienne Mayer

Name of Person

at (561) 596-8125

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

FILED
2013 SEP -3 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- INHS18 (05/08)