

L1000 0043487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

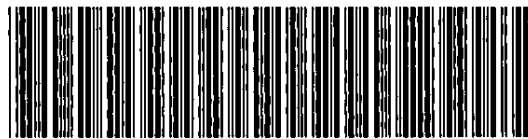
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600181149796

EL 5/24/10
E. DENNARD

Malave, Erin

From: Scott Helfer [hcapitalgroup@gmail.com]

Sent: Thursday, May 20, 2010 12:58 PM

To: CorpAddressChange

Subject: Tax ID# Addition

First Coast Insurance Agency LLC

Document # L10000043487

Please add Tax ID # to system - 27-2423509

Thank you in advance.

--
Scott J. Helfer
904.567.2222 office
904.219.9602 cell
904.322.5674 fax