

#L 10000044569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

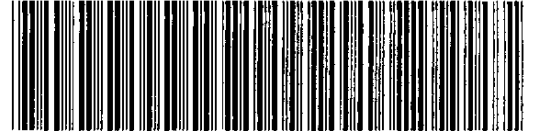
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600204792796

04/28/11--01037--018 **25.00

FILED
11 APR 28 AM 11:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 3 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maresias 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:

Claudia O. Pires

Name of Person

Maresais LLC

Firm/Company

3917 W. DeLeon St.

Address

Tampa, FL 33609

City/State and Zip Code

claudinhaopires@hotmail.com

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

For further information concerning this matter, please call:

Claudia O. Pires

Name of Person

at (813)

382-3271

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

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)