

L11 000 046 095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

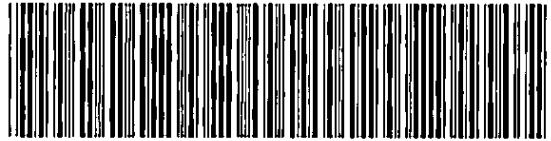
(Business Entity Name)

(Document Number)

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**COVER LETTER :**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A Perfect Paw Kennels 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:

Jane P. Pace

Name of Person

A Perfect Paw Kennels LLC

Firm/Company

6756 N. Biscayne Drive

Address

North Port, FL 34291

City/State and Zip Code

pacepalace@msn.com

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

For further information concerning this matter, please call:

Jane Pace

Name of Person

at ( 941 ) 716-2966

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

6/10/24

☐ \$55 Filing Fee & Certified Copy

