

LIZ 000082344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

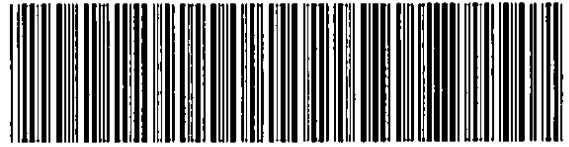
(Business Entity Name)

(Document Number)

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JAN 27 2021

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations*

SUBJECT: Selective Realty Group 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:

Craig D Luiz

Name of Person

Selective Realty Group LLC

Firm/Company

12001 Research Parkway Suite 236

Address

Orlando, FL 32826

City/State and Zip Code

CraigL@SelectiveRealtygroup.com

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

For further information concerning this matter, please call:

Shanon Luiz

Name of Person

407- 706-1080
at ()

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

☐ \$55 Filing Fee & Certified Copy

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 (2/14)

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