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EXAMINER

COVER LETTER

TO: . Registration Section
Division of Corporations

SUBJECT: SALTWATER MAGIC 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:

MARC SCHULZE
Name of Person

SALTWATER MAGIC LLC
Firm/Company

1155 SANDPIPER STREET APT B4
Address

NAPLES, FL 34102
City/State and Zip Code

INFO@SALTWATERMAGIC.COM
E-mail address: (to be used for future annual report notification)

FILED
2013 JUL -8 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARC SCHULZE at (239) 777 4270
Name of Person 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