

# L12000117187

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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C. GOLDEN  
JUL 13 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tuckers Custom 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:

Marshall C Haley  
Name of Person

Tuckers Custom LLC  
Firm/Company

11870 Simmons Rd  
Address

Jacksonville, Fl 32218  
City/State and Zip Code

parker2510@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marshall C Haley at ( 904 ) 214-2432  
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

