

L12000117187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

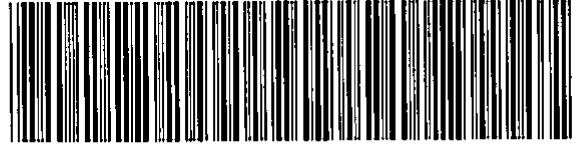
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C. GOLDEN

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

Name of Person

904

214-2432

at ()

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 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.

2. (a) 11870 Simmons Rd
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Jacksonville, FL 32218

(b) 11870 Simmons Rd
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Jacksonville, FL 32218

5. (a) Deborah Stetson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
11870 Simmons RD

(b) Deborah Stetson

Enter name of NEW Registered Agent and/or NEW Registered Office address:

9279 Duke Rd

NEW Registered Office Address.

Bonita Springs, FL 34135

Signature of a member or authorized representative of a member MARSHALL CHALEY
Printed or typed name of signer

Signature of Registered Agent

INHS18 (2/14)