

L14000014186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

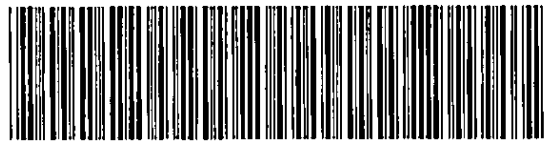
(Business Entity Name)

(Document Number)

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J. J. EGGETT
JUN 29 2018

18 JUN 29 10:15 AM
J. J. EGGETT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROGRESSIVE STERILIZATION SOLUTIONS, 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:

Michele Mauzerall

Name of Person

Progressive Sterilization Solutions, LLC

Firm/Company

5419 Delett Ave S

Address

St Petersburg, FL 33707

City/State and Zip Code

mem.pmbs@gmail.com

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

For further information concerning this matter, please call:

Michele Mauzerall

908

300-7093

at ()

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

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.

1. Name of the limited liability company: 5419 Delett Ave S PO Box 530311

02/3/2014

L14000014186

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3815 35th Way South

St Petersburg	33711
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St Petersburg 33707

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00