

L150000 17001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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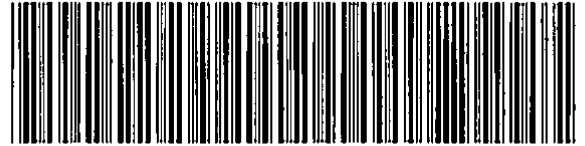
(Business Entity Name)

(Document Number)

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JUL 18 2019

I ALBRITTON

Registration Section
Division of Corporations

CORPORATION

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:

Anghel Popescu

Name of Person

COMPANY

Firm/Company

12250 MIDNIGHT, #105

Address

TALLAHASSEE, 32314

City/State and Zip Code

Anghel.popescu@gmail.com

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

For further information concerning this matter, please call:

Mr. [Name]

Name of Person

at (786)

3022526

Area Code & Daytime Telephone Number

Office of the Secretary of State
Registration Section
Division of Corporations
Citron Building
2661 Executive Center Circle
Tallahassee, Florida 32310

Office of the Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$75 Filing Fee & Certified Copy

