

L15000066930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

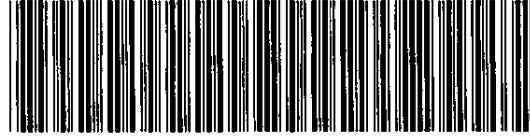
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LCTAG 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:

Patricia Dougherty

Name of Person

LCTAG LLC

Firm/Company

712 S 14th Street , Suite 101

Address

Leesburg, Florida 34748

City/State and Zip Code

jdougherty3@cfl.rr.com

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

For further information concerning this matter, please call:

Patricia Dougherty 352 988-3508
Name of Person 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.

1. Name of the limited liability company: 712 S 14th Street, Suite 101

Leesburg, FL 34748

Leesburg, FL 34748

L15000066930

Joseph Dougherty

712 S 14th Street , Suite 101 Leesburg FL 34748

_____, FL

712 S 14th Street Suite 101 Leesburg FL 34748

_____, FL

Joseph Dougherty

Printed or typed name of signee

notified in writing of this change.

Patricia A. Dougherty

Signature of Registered Agent

Signature of Registered Agent

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

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2015 JUL 15 PM 2:44
U.S. DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA