

L15000086019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100291976201

11/14/16--01009--020 **25.00

2016 NOV 14 P 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

NOV 15 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 215FL 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:

NICK BERRY

Name of Person

Firm/Company

2374 WILTON DR

Address

WILTON MANORS, FL 33305

City/State and Zip Code

PROZACDIVER@YAHOO.COM

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

For further information concerning this matter, please call:

9NICK BERRY at (**954**) **805-1195**
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.

INHS18 (2/14)

FILED
2018 NOV 14 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA