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MAIL

(Requestor's Name)

(Address)

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 (City/State/Zip	/Phone #)

(Rusiness Entity Name)	 (Business Entity Name)	

(Document	Number)

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2021

ROYAL DONUTS, LLC PO BOX N SANFORD, ME 04073

SUBJECT: ROYAL DONUTS, LLC Ref. Number: L15000146532

We have received your document for ROYAL DONUTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 321A00016807

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallabassee Florida 32314

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

SUBJECT: \_\_\_\_\_

ROYAL DONUTS, 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:

EUGENE H. GAUDETTE

Name of Person

Firm/Company

P.O. BOX N

Address

SANFORD, ME 04073

City/State and Zip Code

tiffany@ehglaw.com

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

For further information concerning this matter, please call:

Name of Person	Area Code & Dautima Talanhana Number
	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## Enclosed is a check for the following amount:

🛢 \$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> ) 0 SAMPLE RD ARGATE, FL 33065 GUST 26, 2015 Date of filing/registration in Florida stered Agent and Registered Office shown on the records of FUA CONSULTING COMPANY, LLC istered Office Address <u>(MUST BE FLORIDA STREET</u>	4.	( <u>N</u> 280 MERRIM, METHUEN, N L15000146532 Doc	
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	name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Registered Office Address: ) N POWERLINE ROAD, UNIT MI 1PANO BEACH 1 liability company is not organized under the latanges, are made, the Florida street address of the cidentical. Or, in the case of a Florida limited lited in the florida street address of the street address	name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office Address</u> : (Registered Office Address: ) N POWERLINE ROAD, UNIT M1 1PANO BEACH 1 liability company is not organized under the laws of the angestare made, the Florida street address of the register i dentical. Or, in the case of a Florida limited liability of thorized by an affirmative vote of the members of the liability of the street address	name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : Registered Office Address: N POWERLINE ROAD, UNIT M1

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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