

L16000 100733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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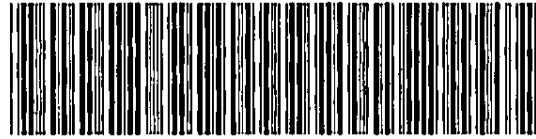
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: APHRODITE WPB, LLC
Name of Corporation

DOCUMENT NUMBER: L16000100733

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wallace Rodecker

Name of Contact Person

APHRODITE WPB, LLC

Firm/Company

17284 Newhope St #222

Address

Fountain Valley, CA 92708

City/State and Zip Code

wallace@rodecker.com

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

For further information concerning this matter, please call:

Wallace Rodecker

Name of Contact Person

at (714) 241-7368

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303