

L16000112321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

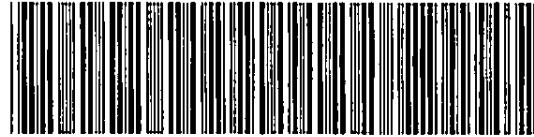
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DSL 10 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:

Carl Christian

Name of Person

DSL 10

Firm/Company

8910 Miramar Pkwy Suite 110

Address

Miramar, FL 33025

City/State and Zip Code

theniceagent@gmail.com

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

For further information concerning this matter, please call:

Carl Christian

Name of Person

at (305) 610 4927

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.

2. (a) 14750 SW 172 St Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 14750 SW 172 St Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3.	<u>06/09/2016</u> Date of filing/registration in Florida	4.	<u>16000112321</u> Document number
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Miami, FL 33187

, FL

Carl Christian
Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA