

L16000138160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JANUARY 1, 2018

D. SCOTT  
SEP 2

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHORE HARBOR 195 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:

Kelli M Kovak  
Name of Person

Shore Harbor 195 LLC  
Firm/Company

2137 Harbor View Dr  
Address

Dunedin, FL 34698  
City/State and Zip Code

KKovak@bighthouse.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelli M Kovak at (312) 933-2853  
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

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17 SEP 28 PM 7:24  
TALLAHASSEE, FL  
REGISTRATION SECTION

*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.*

Dunedin, FL 34698

DUNEDIN, FL 34698

INFS18 (2/14)