

L16000140482

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

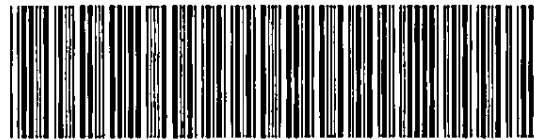
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21 JUN 30 PM 1:23

21 JUN 30 PM 1:23

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

DATE RECEIVED

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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Dated JUNE 24 2021

Signature of a member or authorized representative of a member

ALEXANDER FLIKSHTEYN

Typed or printed name of signee

Filing Fee: \$25.00