

L17000040999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAR 13 2019

C. McNair

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Newbest 11 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:

Marivic Villa

Name of Person

Newbest11 LLC

Firm/Company

1507 Buenos Aires Blvd

Address

The Villages, FL 32159

City/State and Zip Code

mvilladr@gmail.com

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

For further information concerning this matter, please call:

Marivic Villa

Name of Person

at (352 ~~904~~) 561-6299

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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TALLAHASSEE
DIVISION OF CORPORATIONS

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.

(b) same

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

L17000040999

4. Document number

(b)

_____, FL

Marivic Villa

Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)