

L17 0000 86150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

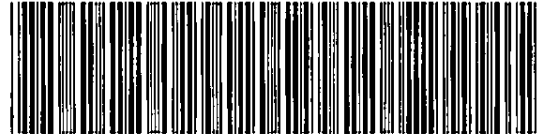
(Business Entity Name)

(Document Number)

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MAY 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The System 8
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:

Steven Pribramsky
Name of Person

Pribramsky & Company, CPAs
Firm/Company

1010 Kennedy Dr, Suite 201
Address

Key West, FL, 33040
City/State and Zip Code

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

For further information concerning this matter, please call:

Adam Boily at 954 600,9447
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

