

L170000 95 965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

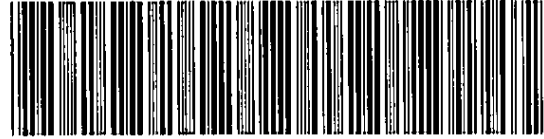
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300334373903

09/26/19--01027--007 \*\*25.00

FILED  
19 SEP 26 AM 7:56  
SUDAN  
FALL AM 10:00 PM 19

001 1 2 101

T SOURCEER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 7680 Paradise point 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:

xianbin meng

Name of Person

Firm/Company

8101 Anderson Road

Address

Tampa, FL 33634

City/State and Zip Code

ben@bmp-usa.com

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

For further information concerning this matter, please call:

xianbin meng at (813) 298-8101  
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

*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.*

INIS18 (2/14)

FILED  
19 SEP 26 AM 7:56  
STOCKPORT, ILL  
FALL APPEAL, 10701A