

L17000248777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

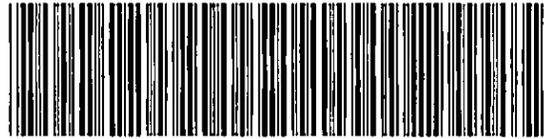
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE WAY JOHN 14 6 LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID A. BLISS
Name of Person

THE WAY JOHN 14 6 LLC
Firm/Company

4954 ATLANTIC VIEW
Address

SAINT AUGUSTINE, FL 32080
City/State and Zip Code

FAITHBILT@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

DAVID A. BLISS at (352) 497-3621
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

