L15 000135648

(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



900351341979

09/03/20--01013--009 **55.00

2020 SEP -2 PH 3: 16
SCORETARY OF STATE

JQ 10/14/20

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	EATS & SWEETS CATERING, LLC			
30000		Name of Limited Liability Company		
Dear Sir	or Madam:			
The enc	losed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning	this matter to the	following:	
REGINA	MARIE SACCA			
	Name of Person			
EATS &	SWEETS CATERING, LLC			
	Firm/Company			
700 LIG	HTHOUSE DR			
	Address			
NORTH	PALM BEACH, FL 33408			
	City/State and Zip Code			
reginasa	cca@gmail.com			
E-	mail address: (to be used for future a	nnual report notif	ication)	
For furt	her information concerning this matt	er, please call:		
REGINA	A MARIE SACCA	561 at (632-6464	
	Name of Person	at (Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the followi	ng amount:		
	□ \$25 Filing Fee	■ \$	355 Filing Fee & Certified Copy	
INHS18	(2/14)			