## L18000 1466194

(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:		
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		





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08/04/21--01013--019 \*\*140.00

## **COVER LETTER**

Division of Corporations	
SUBJECT: MERCURY WPB LLC Name of Corporation	
DOCUMENT NUMBER: L18000146694	
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Wallace Rodecker	
Name of Contact Person	<del></del>
MERCURY WPB LLC	
Firm/Company	
17284 Newhope St #222	
Address	
Fountain Valley, CA 92708	
City/State and Zip Code	
wallace@rodecker.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please of	call:
Wallace Rodecker	at (714 )241-7368
Name of Contact Person	at (714 )241-7368  Area Code & Daytime Telephone Number

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303