

L18000159362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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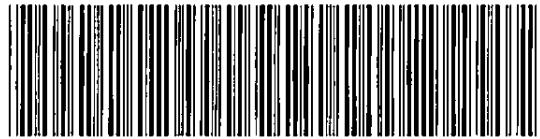
(Business Entity Name)

(Document Number)

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2024 OCT 25 AM 8:27
TALLAHASSEE, FLORIDA

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SUBJECT: Estobi Enterprises LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Clint Schubert

Name of Person

Estohi Enterprises LLC

Firm/Company

476 NW Peacock Blvd Unit 119

Address

Port Saint Lucie, Florida 3-1986

City/State and Zip Code

clint@estobienterprises.com

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

For further information concerning this matter, please call:

Clint Schubert

832

350-4720

at (

Name of Person

Area Code & Daytime Telephone Number

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 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)