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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Troo Organic Hair and Wellness Studio 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:

Kathleen Kras-Gosine
Name of Person

Troo Organic Hair and Wellness Studio LLC
Firm/Company

11645 Monument Dr. 1306
Address

Bradenton, FL 34211
City/State and Zip Code

kkgoriginal@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Kras-Gosine at (248) 255-5504
Name of Person 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 following amount:

☒ $25 Filing Fee

☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)