

L19000 143 133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

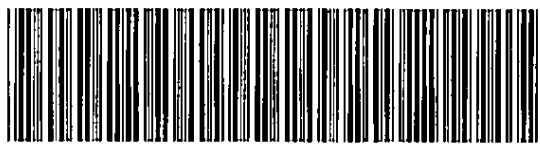
(Business Entity Name)

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JAN 07 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARMA 2019 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:

Manuel R. Andrade

Name of Person

MARMA 2019 LLC

Firm/Company

527 Terraceview Cove Apt.206

Address

Altamonte Springs, Florida, 32714

City/State and Zip Code

Manue.andrade@gmail.com

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

For further information concerning this matter, please call:

Manuel R. Andrade

Name of Person

at (786) 6044690

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2019

MANUEL R. ANDRADE
527 TERRACEVIEW COVE
APT. 206
ALTAMONTE SPRINGS, FL 32714

SUBJECT: MARMA 2019 LLC
Ref. Number: L19000143133

We have received your document for MARMA 2019 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Presently it is unclear as to what changes you wish to make.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00025792

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