

219000146128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

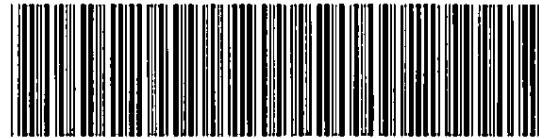
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Radically Open DBT Tampa 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:

Heidi Petracco
Name of Person

Radically Open DBT Tampa
Firm/Company

2111 W Swann Ave, Suite 204
Address

Tampa, FL 33606
City/State and Zip Code

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

For further information concerning this matter, please call:

Heidi Petracco at (813) 602-3212
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:

☒ \$35 Filing Fee

☐ \$55 Filing Fee & Certified Copy