

L19000229991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

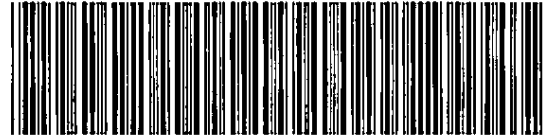
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

TG 10/28/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FM MANAGEMENT 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:

Renee Burrus

Name of Person

RE/MAX Town Centre

Firm/Company

330 E. Central Blvd.

Address

Orlando, FL 32801

City/State and Zip Code

reneebrus@rtcglobal.net

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

For further information concerning this matter, please call:

RENEE BURRUS

Name of Person

407 443-3959
at ()

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