

L19000271781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

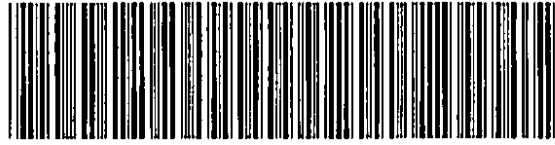
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500339551755

01/27/20--01000 001 *20.00

Rt Changes

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CROOKED PALM

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:

DESTINY CORNELIUS

Name of Person

THE CROOKED PALM

Firm/Company

2020 AVOCADO DR

Address

LAKE WALES FL 33898

City/State and Zip Code

destiny.cornelius@hotmail.com

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

For further information concerning this matter, please call:

Destiny Cornelius

863

604-2274

at (_____) _____

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

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.

INHS18 (2/14)