

L20 000053983

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

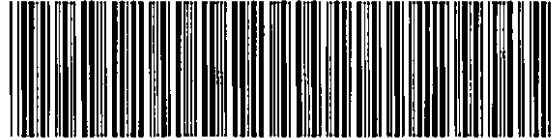
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SECRETARY OF STATE  
TALLAHASSEE, FL

JA 10/05/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOHN P HARRELL 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:

JOHN P HARRELL

\_\_\_\_\_  
Name of Person

JOHN P HARRELL LLC

\_\_\_\_\_  
Firm/Company

186 EGLIN PKWY N/E SUITE G

\_\_\_\_\_  
Address

FORT WALTON BEACH, FLORIDA 32548

\_\_\_\_\_  
City/State and Zip Code

JP.HARRELL@YAHOO.COM

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

For further information concerning this matter, please call:

JOHN P HARRELL

850 217-6979  
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