

L20 000 167335

(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



100351338821

09/03/20 - 01006 - 001 - \$15.00

FILED

2020 SEP -2 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FL

JSR 10/14/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropaquatic 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:

Michael Garrett Cox

Name of Person

Tropaquatic LLC

Firm/Company

2400 Feathersound Drive, Apt 1127

Address

Clearwater, FL 33762

City/State and Zip Code

contacttropaquatic@gmail.com

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

For further information concerning this matter, please call:

Michael Garrett Cox

Name of Person

727
at ()

999-0139

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.

FILED
2020 SEP -2 PM 3: 17
SECRETARY OF STATE
TALLAHASSEE, FL

INHS18 (2/14)