

L20 000 219700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

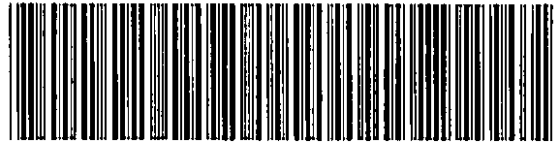
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 10/07/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Exclusive Opportunities, 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:

April Tanya Burns  
Name of Person

Exclusive Opportunities, LLC  
Firm/Company

11624 Anjali Court  
Address

Orlando, Florida 32817  
City/State and Zip Code

Aprilburns633@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Tanya Burns at (321) 460-6449  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy