

L20000377998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

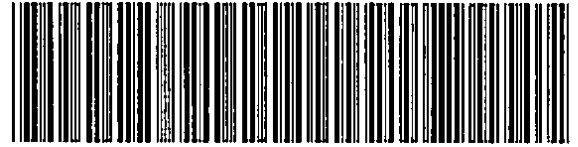
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COVER LETTER

TO: Registration Section
Division of Corporations

Southlake Marine Service, LLC

SUBJECT: _____
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:

James Campbell

Name of Person

Southlake Marine Service, LLC

Firm/Company

625 W Lakeshore Dr.

Address

Clermont, FL. 34711

City/State and Zip Code

Southlakemarineservice@gmail.com

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

For further information concerning this matter, please call:

James Campbell

508

395-3360

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.

1. Name of the limited liability company: 625 W LAKESHORE DR CLERMONT, FL 34711 625 W LAKESHORE DR CLERMONT, FL 34711

3.	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	4.	Document number
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Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. SEMORAN BLVD. SUITE 36

ORLANDO 32822
FL

625 W Lakeshore Dr.

NEW Registered Office Address:

Clermont	34711
, FL	

Signature of a member or authorized representative of a member

Signature of Registered Agent

INHS18 (2/14)