

L210000000621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

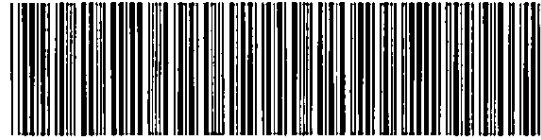
(Business Entity Name)

(Document Number)

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FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Streit Virtual Assistant, 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:

Haley Streitmatter

Name of Person

Streit Virtual Assistant, LLC

Firm/Company

11323 79th Avenue

Address

Seminole, FL 33772

City/State and Zip Code

haley@streitvirtualassistant.com

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

For further information concerning this matter, please call:

Haley Streitmatter

Name of Person

248
at (

924-4051
)

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

INHS18 (2/14)

22 OCT 11 AM 5:43

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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)