

KZ1000108194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

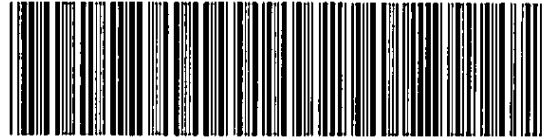
(Business Entity Name)

(Document Number)

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2021 MAY 27 PM 3:11
TALLAHASSEE, FLORIDA
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANY KIND OF TRASH HAULING AND DEBRIS' REMOVAL "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:

Trevor Johnson

Name of Person

ANY KIND OF TRASH HAULING AND DEBRIS' REMOVAL "LLC"

Firm/Company

515 BISCAYNE DR.

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

anykindtrash@gmail.com

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

For further information concerning this matter, please call:

Trevor Johnson

at (561) 7975731

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.

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

INHS 18 (2/14)