

L220000081491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

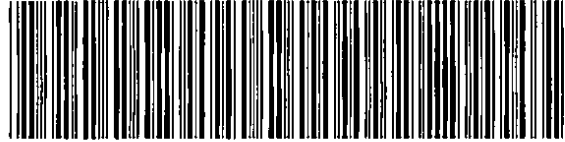
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHELAN ASSOCIATES FLORIDA, 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:

MARK G. SHUB, ESQ.

Name of Person

SHUB & ASSOCIATES, P.C.

Firm/Company

696 SMITH NECK ROAD

Address

DARTMOUTH, MA 02748

City/State and Zip Code

MSHUB@LSLAWFIRM.COM

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

For further information concerning this matter, please call:

MARK G. SHUB, ESQ.

617

367-0333

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.

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

MARK G. SHUB

NEW Registered Office Address:

73 S RIVER RD

STUART, FL 34996

Signature of Registered Agent _____

NHS18 (2/14)