

L 2 2 0 0 0 0 8 1 4 9 1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

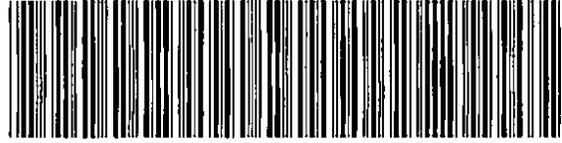
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mark

Office Use Only



700419504227

11/30/23--01030--002 ++25.00

2023 NOV 30 PM 1:03
SECURITY
FILED

FILED

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

