

L2200049S303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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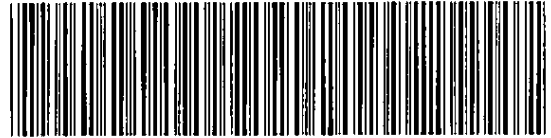
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: L.Poplavskaya,Craft 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:

Larysa Marchenko

Name of Person

L.Poplavskaya,Craft LLC

Firm/Company

2091 Embarcadero Way

Address

North Fort Myers, FL 33917

City/State and Zip Code

salori1973@gmail.com

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

For further information concerning this matter, please call:

Larysa Marchenko

239

257-0863

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.

2. (a) 2091 Embarcadero Way, North Fort Myers, FL 33917
Principal office address of limited liability company:
(Note: ***MUST BE STREET ADDRESS***)

(b) 2091 Embarcadero Way, North Fort Myers, FL 33917
Mailing address of limited liability company:
(Note: ***MAY BE POST OFFICE BOX***)

5. (a) Larysa Marchenko
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
847 Hookline Circle, Loxahatchee, FL 33470

(b) Larysa Marchenko

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

2091 Embarcadero Way, North Fort Myers, FL 33917

NEW Registered Office Address:

_____, FL _____

L. Marchenko Signature of a member or authorized representative of a member

Larysa Marchenko Printed or typed name of signer

Signature of Registered Agent