

L22 000503241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

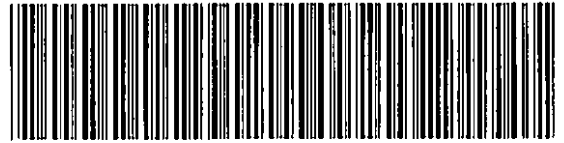
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400408455274

05/15/23--01023--029 **25.00

2023 MAY 15 11:11:01

Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

Bea's Boutique L.L.C

SUBJECT: _____
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:

Luis Posada

Name of Person

Bea's Boutique L.L.C

Firm/Company

7200 SW 58th ST

Address

Miami FL 33143

City/State and Zip Code

louposada13@hotmail.com Luis

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

For further information concerning this matter, please call:

Luis Posada

305

333-7289

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

2023 JUL 15 10:11:01

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)