



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Neons Beach Snack 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:

Brandi Cox  
Name of Person

Neons Beach Snack LLC  
Firm/Company

8501 Thomas Dr.  
Address

Panama City Beach FL 32408  
City/State and Zip Code

neons pcbfl@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandi Cox at (757) 869 3020  
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

