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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

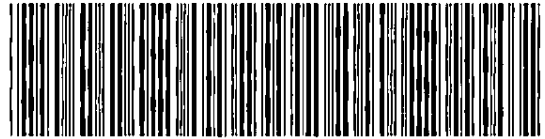
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

WILD ORCHID HOME WATCH SERVICES, LLC

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:

KIMBERLY SMITH

Name of Person

WILD ORCHID HOME WATCH SERVICES, LLC

Firm/Company

4070 1ST AVE SW

Address

NAPLES, FL 34119

City/State and Zip Code

KASMITT19833@GMAIL.COM

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

For further information concerning this matter, please call:

KIMBERLY SMITH	765	499-0217
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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.

1. Name of the limited liability company: 4070 1ST AVE SW, NAPLES, FL 34119 4070 1ST AVE SW, NAPLES, FL 34111

3.	Date of filing/registration in Florida ZENBUSINESS INC.	4.	Document number
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TALLAHASSEE 32301
FL

NAPLES, 34119
_____, FL _____

Signature of Registered Agent