

L24000086741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

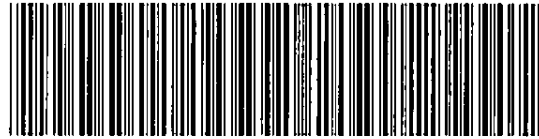
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COLUMBIA, MO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SONLETT BRAND 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:

Nelson Soler

Name of Person

Sonlett Brand LLC

Firm/Company

4263 Albacore Cir

Address

Port Charlotte, FL 33948

City/State and Zip Code

thecoastlineclub@gmail.com

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

For further information concerning this matter, please call:

Nelson Soler

470

8480844

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