

MU10000001983

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN - 9 AM 10:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CELLXION, 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:

Tina Ware
Name of Person

CELLXION, LLC
Firm/Company

5031 Hazel Jones Rd.
Address

Bossier City, LA 71111
City/State and Zip Code

tware@cellxion.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Ware at (318) 213-2840
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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Pursuant to the provisions of sections 608.416 or 608.508, 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.

FL015 - 05/07/2009 C T System Online