

M1900000847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

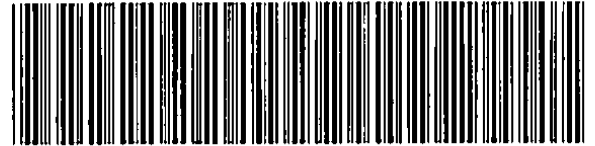
(Business Entity Name)

(Document Number)

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19 SEP -3 AM 9:09
19 SEP -3 AM 11:32
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SEP 05 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2019

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: F/V MISS LESLIE, LLC
Ref. Number: M19000000847

*Corrected
Please allow
for original
file d*

We have received your document for F/V MISS LESLIE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 219A00018139

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F/V MISS LESLIE, 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 GOFF

Name of Person

Sunshine State Corporate Compliance Company

Firm/Company

3458 LAKESHORE DRIVE

Address

TALLAHASSEE, FL 32312

City/State and Zip Code

SUNSHINECORPORATE2014@GMAIL.COM

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

For further information concerning this matter, please call:

TINA GOFF

Name of Person

at (850)

656-4724

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

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.

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

POST OFFICE BOX 355
BILOXI, MS 39533

M19000000847

INHS18 (2/14)