

MI 000 000 114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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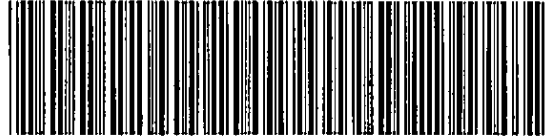
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 10/6/20

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fuller Properties & Asset Management, 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:

William Frank Fuller, Jr.  
Name of Person

Fuller Properties & Asset Management, LLC  
Firm/Company

22 Links Ave, Suite 200  
Address

Sarasota, FL 34236  
City/State and Zip Code

bofuller2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Fuller at ( 941 ) 961-3100  
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