

P040000070290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

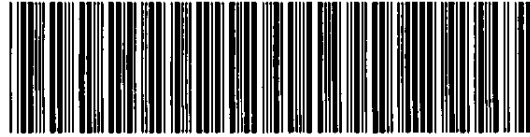
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mozelle Enterprises, Inc. P04000070290
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:

Barry Blagman
Name of Person

Mozelle Enterprises LLC
Firm/Company

5944 Coral Ridge Dr Suite 253
Address

Coral Springs FL 33076
City/State and Zip Code

Dave 545@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Blagman at (954) 553-9111
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

*Please update
my mailing address
Dave*

RECEIVED
2010 MAY 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA