

L11000105034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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13 MAR 15 PM 2:03
TALLAHASSEE, FLORIDA

B. BOSTICK
MAR 18 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K.I. PROPERTIES 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:

RYAN KUHLMAN
Name of Person

K.I. PROPERTIES LLC
Firm/Company

36 NW 6TH AVE #1109
Address

MIAMI FL 33128
City/State and Zip Code

RYAN@K.I.PROPERTIES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN KUHLMAN at (786) 208-7569
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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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

1. Name of the limited liability company: K.I. PROPERTIES LLC

2. (a) Principal office address of limited liability company: 36 NW 6TH AVE #1109
(Note: **MUST BE STREET ADDRESS**) MIAMI FL 33128

(b) Mailing address of limited liability company: 36 NW 6TH AVE #1109
(Note: **MAY BE POST OFFICE BOX**) MIAMI FL 33128

SEPT. 13, 2011
3. Date of filing/registration in Florida

L11000105034
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent: ANISH DAVE

Registered Office Address: 16180 SOUTH POST RD APT 103
WESTON FL 33331

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: RYAN KUHLMAN

NEW Registered Office Address: 36 NW 6TH AVE #1109
(**MUST BE FLORIDA STREET ADDRESS**) MIAMI, FL 33128

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

RYAN KUHLMAN
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2013

RYAN LUHLMAN
K.I. PROPERTIES LLC
36 NW 6TH AVENUE #1109
MIAMI, FL 33128

SUBJECT: K.I. PROPERTIES LLC
Ref. Number: L11000105034

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TALLAHASSEE, FLORIDA

We have received your document for K.I. PROPERTIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 713A00005343