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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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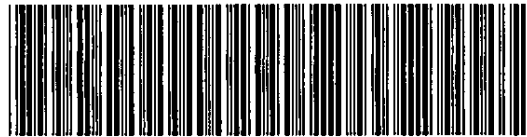
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
MAR 14 2017

March 8, 2017

**VIA FIRST CLASS MAIL**

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

**Re: Statement of Change of Registered Agent**  
**File: 17-0112**

Dear Sir or Madam:

Enclosed, please find the Statement of Change of the Registered Agent as well as check number 1006, in the amount of \$25.00, for the filing fee.

If you have any questions or comments, please do not hesitate to contact me at (407) 377-6634, or by email at [courtney@watsonllp.com](mailto:courtney@watsonllp.com).

Very truly yours,

*Courtney Marks*

Courtney M. Marks  
Legal Assistant

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TALLAHASSEE, FLORIDA

**Los Angeles**  
Figueroa at Wilshire  
601 S. Figueroa Street,  
Suite 4050  
Los Angeles, CA 90017  
213 228 3233

**Orlando**  
The Plaza  
189 S. Orange Avenue,  
Suite 810  
Orlando, FL 32801  
407 377 6634

**Atlanta**  
12th and Midtown  
1075 Peachtree Street NE,  
Suite 3650  
Atlanta, GA 30309  
404 474 0892

**New York**  
Freedom Tower  
One World Trade Center,  
Suite 8500  
New York, NY 10007  
212 206 1900

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kevin McGarry, 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:

Coleman W. Watson, Esq.  
Name of Person

Watson LLP  
Firm/Company

189 S. Orange Avenue, Suite 810  
Address

Orlando, FL 32801  
City/State and Zip Code

kevinmcgarry81@yahoo.com ; coleman@watsonllp.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Coleman Watson at ( 407 ) 377-6634  
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

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.

1. Name of the limited liability company: Kevin McGarry, LLC

2. (a) _____ Principal office address of limited liability company: (Note: <b>MUST BE STREET ADDRESS</b> ) <u>118 Lake Geneva Road</u> <u>Crescent City, FL 32112</u>	(b) _____ Mailing address of limited liability company: (Note: <b>MAY BE POST OFFICE BOX</b> ) <u>118 Lake Geneva Road</u> <u>Crescent City, FL 32112</u>
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3. <u>1/16/2014</u> Date of filing/registration in Florida	4. <u>L14000009040</u> Document number
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5. (a) Spiegel & Utrera, P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Spiegel & Utrera, P.A.  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
1840 SW 22nd Street, 4th Floor  
Miami, FL 33145

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 SECRETARY OF STATE

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

**NEW** Registered Office Address:  
118 Lake Geneva Road  
Crescent City, FL 32112

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.

Kevin McGarry  
Signature of a member or authorized representative of a member

KEVIN M. GARRY  
Printed or typed name of signee

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 605, 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.

Kevin McGarry  
Signature of Registered Agent