

LO3 000027024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400086675664

02/05/07--01051--021 \*\*50.00

2007 FEB 13 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

LO3-27024  
OK



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2007

RICHARD KALOUST  
3825 HENDERSON BLVD., SUITE 208  
TAMPA, FL 33602

SUBJECT: KALOUST FINANCIAL, LLC  
Ref. Number: L03000027024

We have received your document for KALOUST FINANCIAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 607A00008886

2007 FEB 13 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kaloust Financial, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Richard Kaloust  
(Contact Person)

Kaloust Financial, LLC  
(Firm/Company)

3525 Henderson Blvd. suite 208  
(Address)

Tampa, FL. 33602  
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Kaloust at (813) 222-0002  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**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

FILED  
2007 FEB 13 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. The name of the limited liability company is: Kalaust Financial, LLC
2. The mailing address of the limited liability company is: 3825 Henderson Blvd. Suite 208, Tampa Florida, 33602.
3. Date of filing/registration in Florida 7/23/2003
4. Document number LO3000027024

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Kalaust, John  
Name  
100 South Ashley Drive, Suite 1000  
Address  
Tampa FL 33602  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Kalaust, Richard  
Name  
3825 Henderson Blvd. Suite 208  
Florida street address (P.O. Box NOT acceptable)  
Tampa FL 33602  
City, State and Zip

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.

Richard Kalaust  
(Signature of a member or authorized representative of a member)

(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 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.*

Richard Kalaust  
(Signature of Registered Agent)

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