

L03000049080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

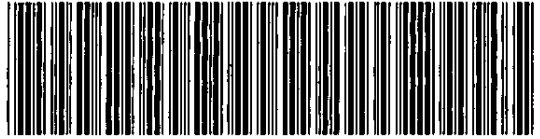
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10 JUN 25 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 29 2010

EXAMINER

COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kyle Melton Wallcovering 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:

Kyle Melton  
Name of Person

Kyle Melton Wallcovering LLC  
Firm/Company

1746 E Silver Star Rd, Suite 124  
Address

OCOE, FL 34761  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Melton at ( 407 ) 247-1206  
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

10 JUN 25 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2010

KYLE MELTON  
KYLE MELTON WALLCOVERING LLC  
1746 E SILVER STAR RD, SUITE 124  
OCOE, FL 34761

SUBJECT: KYLE MELTON WALLCOVERING LLC  
Ref. Number: L03000049080

FILED  
10 JUN 25 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for KYLE MELTON WALLCOVERING 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.

The registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 310A00012107

**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: Kyle Melton Wallcovering LLC

2. (a) Principal office address of limited liability company: 1746 E Silver Star Rd, Suite 124



(Note: **MUST BE STREET ADDRESS**)

OCOE, FL 34761

(b) Mailing address of limited liability company: 1746 E Silver Star Rd, Suite 124



(Note: **MAY BE POST OFFICE BOX**)

OCOE, FL 34761

05/06/2010

L03000049080

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

ALL FLORIDA FIRM INC

Registered Office Address:

813 DELTONA BLVD, SUITE A  
DELTONA FL 32725 US

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

**NEW** Registered Agent:

Kyle Melton

**NEW** Registered Office Address:

1746 E Silver Star Rd, Suite 124

(**MUST BE FLORIDA STREET ADDRESS**)

OCOE, FL 34761

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.

Kyle Melton  
Signature of a member or authorized representative of a member

Kyle Melton

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.*

Kyle Melton  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00