# LOH 0000 7463Z

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only old tel 2 lph Holle #)
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(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

Division of Corporations	
Key West Real Estate Sales & Rentals, LL SUBJECT:	.C
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
	Ü
Richard R Robinson	
Name of Person	<del></del>
Key West Real Estate Sales & Rentals, LLC	2021 JUL 22 111 3: 08
Firm/Company	
	22
517 Duval Street, Suite 202	
Address	. <u> </u>
Key West FL 33040	
City/State and Zip Code	
richard_r_robinson@yahoo.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
Richard R Robinson at	305 924-0009
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	unt:
□ \$25 Filing Fee	□ \$55 Filing Fcc & 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. N	ame of the limited liability company:  Key West Real Es	state Sa	les & Rentals,	LLC
2. (a)	517 Duval Street,		(b) 517 Duva	l Street
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 202		Suite 202	
	Key West, FL 33040	_	Key West.	FL 33040
	10-14-2004		LO0400007	4632
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)	Richard R Robinson			
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET A	4DDRE	SS)	
				707 SE
	Key West, FL	33040	,.    ,	2024 JUL SECRE!
				22
(b)	- Complete to the control of the con	0.55		<del>-</del>
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	
				်. ပွဲ မီ မြ
	NEW Registered Office Address:		<del></del>	- ° ÷: ∞
	517 Duval Street, Suite 202			
				_
	Key West	33040		
change agent was/we the art Signa	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agree	registe ability of the 1 limited R:	ered office an company, it is imited liability con chard R Robin	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in npany.  Printed or typed name of signee  activ. I further agree to comply with the
provisi the obi to mer	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I had in writing of this change.	perfor I for in iereby	mance of my Chapter 605 confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatur	cloud L Kobenjan  ire of Registered Agent			

#### **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT: Key W	est Real Estate Sales & Rentals, LL	С	
	Name of I	Limited Lia	ability Company
Dear Sir or Madam:			
The enclosed Regist	tered Agent/Registered Office Cl	ange and f	ee(s) are submitted for filing.
Please return all cor	respondence concerning this mat	ter to the fo	ollowing:
Richard R Robinson			
	Name of Person		_
Key West Real Estate	Sales & Rentals, LLC		
	Firm/Company		2021 SEC
517 Duval Street, Sui	te 202		SECRE!
	Address	,	- 22
Key West FL 33040			် ကို ယူ ကို ကို
	City/State and Zip Code		- 08 - 08
richard_r_robinson@g	yahoo.com		
E-mail address	: (to be used for future annual re	port notific	ration)
For further informat	ion concerning this matter, please	e call:	
Richard R Robinson	at	305	924-0009
Nan	ne of Person	<u> </u>	Area Code & Daytime Telephone Number
P.O. Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	a check for the following amou	nt:	
□ \$25 Filin	g Fee	<b>□</b> \$55	Filing Fee & Certified Copy

INHS18 (2/14)

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) _	517 Duval Street,	_	(b)		<u> </u>
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			1	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Suite 202			Suite 202	
	Key West, FL 33040	_		Key West,	FL 33040
	10-14-2004		Ĺ	.O04000074	4632
-	Date of filing/registration in Florida	4.	-	•	Document number
)	Richard R Robinson				
	Registered Agent and Registered Office shown on the records of t	he Flor	ida I	Dept. of State	- a-
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>SS)</u>		. 2
					- 170
	Key West , FL	33040			二
					2024 JUL 22 SEURETAS
-	Enter name of NEW Registered Agent and/or NEW Registered				
	cinter name of NEW Registered Agent and/or NEW Registered	Uttice :	<u>bbe</u>	ress:	
					08
	NEW Registered Office Address:				
	517 Duval Street, Suite 202		_		_
	Key West	33040			
					•
ge (	nited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lial	registe	red	l office and	d the business office of the register
eı	e authorized by an affirmative vote of the members of les of organization or the operating agreement of the l	the li	mit	ted liability	company or as otherwise provided
	ilail & Politain	Ri	cha	rd R Robins	son
$\mathcal{L}_{i}$					

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

Signature of Registered Agent