

L050000001120

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DIVISION OF CORPORATIONS  
07 NOV 29 PM 1:41

T Hampton NOV 29 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KOMBAT SECURITY SYSTEMS LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L05000001120

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clint M. Lyttle

(Name of Contact Person)

Kombat Security Systems LLC

(Firm/Company)

2312 Clark Street Ste B4

(Address)

Apopka, FL 32703

(City/State and Zip Code)

For further information concerning this matter, please call:

Clint Lyttle

(Name of Contact Person)

at ( 321 ) 263-7516

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2007

CLINT M LYTTLE  
2312 CLARK ST  
STE B4  
APOPKA, FL 32703

SUBJECT: KOMBAT SECURITY SYSTEMS LLC  
Ref. Number: L05000001120

RECEIVED  
07 NOV 29 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for KOMBAT SECURITY SYSTEMS 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 407A00065315

**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: KOMBAT SECURITY SYSTEMS LLC

2. The mailing address of the limited liability company is: 2312 CLARK ST SUITE B4

APOKA, FL 32703

1/04/2005  
3. Date of filing/registration in Florida

L05000001120  
4. Document number

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

TODD R BREWER  
Name  
2524 PALMETTO RIDGE CIRCLE  
Address  
APOKA, FL 32712  
City, State and Zip

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

CLINT M LITTLE  
Name  
2312 CLARK ST SUITE B4  
Florida street address (P.O. Box NOT acceptable)  
APOKA FL 32703  
City, State and Zip

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DIVISION OF CORPORATIONS  
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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)

Clint Little  
(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.*

[Signature]  
(Signature of Registered Agent)

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