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D. SCOTT MAY 2 2017

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Key Lime Cove Two, LLC						
Nan	ne of Limited	Liability Company				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change an	nd fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to th	e following:				
RoseMarie Achilarre						
Name of Person						
Key Lime Cove Two, LLC						
Firm/Company						
781 El Dorado Parkway						
Address			- ds 💆			
Plantation, FL 33317			FILED W 2.2			
City/State and Zip Code			SSE			
rma9023@gmail.com			F. F			
E-mail address: (to be used for future ann	ual report not	ification)	2. 2 Option			
For further information concerning this matter,	please call:					
RoseMarie Achilarre	954 at (445-9023				
Name of Person		Area Code & Daytime Telep	hone 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					
INHS18 (2/14)						

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 Lime Co	ove Iwo, I	_LC	
2. (a)	781 El Dorado Parkway	(b) _		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(8) =	Mailing	address of limited liability company: :: MAY BE POST OFFICE BOX
	Plantation, FL 33317			
	6/20/2005		L0500	0061279
3.	Date of filing/registration in Florida	4.	Docu	ment number
5. (a)	Boreth, Harry O			
, ,	Registered Agent and Registered Office shown on the records of 781 El Dorado Parkway	the Florida D	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET) Plantation			
	, FL	·		SECRITATION IN
(b)	RoseMarie Achilarre		EARLAS METAS	
` ,	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>ss</u> :	m m
	1771 SW 32 Street			PH 2:
	NEW Registered Office Address:			20 TE
	Fort Lauderdale , FL	33315		
the cha agent was/w	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registe ability com of the limite	red office and t pany, it is herel d liability com	the business office of the registered by confirmed that the change(s) pany or as otherwise provided in
	Phyllis B Bout	Phylli	s Boreth	
Signa	ture of a member or authorized representative of a member		Printe	d or typed name of signee
provis. the ob- to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in performand d for in Cho hereby conj	this capacity. ce of my duties, apter 605, F.S. irm that the lin	I further agree to comply with the , and I am familiar with and accept Or, if this document is being filed nited liability company has been
Signati	re of Registered Agent			