| (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 | `. |

SEP - 9 2009

EXAMINER

Office Use Only



400157973564

08/17/09--01022--001 **35.00



August 20, 2009

BRIAN JONES 7203 TEAL CREEK GLEN LAKEWOOD RANCH, FL 34202

SUBJECT: KB AND COMPANY, LLC

Ref. Number: L05000085279

We have received your document for KB AND COMPANY, 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 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) 245-6967.

Letter Number: 709A00028251

Leslie Sellers Regulatory Specialist II

' 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: LS Ave | O COMPANY |
|---|---|
| 2. (a) Principal office address of limited liability company: | 7203 TEAL CREEK 6 LE |
| (Note: MUST BE STREET ADDRESS) | LAKEWOOD RANCH, FL. |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | SAME AS ABOVE |
| | L05000085279 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on the | he records of the Florida Dept. of State: |
| Registered Agent: | THE COMPANY CORPORATION |
| Registered Office Address: | WILMINGTON, DE 19808 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Registered Office address: BRIAN JONES 7203 TEAL CREEK GLEN |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee | orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an administrative vote wise provided in the articles of organization |
| I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of am and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address. I hereby confirm that the limited liability company Signature of Registered Agent Division of Corporations, P.O. Box 632 FILING FEE: \$2 | 27, Tallahassee, FL 32314 |

INHS18 (05/08)