

LOS 0000 92038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

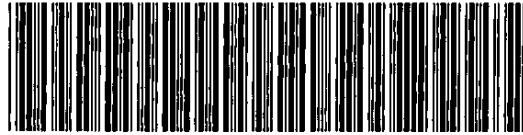
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*mtb*

289-~~707~~ 707-671

Office Use Only



200109684672

09/24/07--01023--013 \*\*30.00

FILED

07 OCT - 8 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Klima & Associates Financial Ser. 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:

EVA M KLIMA  
(Name of Person)

Klima & Associates Financial Ser. LLC  
(Firm/Company)

3639 W Hillsborough Ave  
(Address)

TAMPA FL 33614  
(City/State and Zip Code)

07 OCT -8 PM 12:54  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

EVA M KLIMA at (813) 870-2459  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2007

EVA M. KLIMA  
3639 W HILLSBOROUGH AVE  
TAMPA, FL 33614

SUBJECT: KLIMA & ASSOCIATES FINANCIAL SERVICES, LLC  
Ref. Number: L05000092038

FILED  
07 OCT -8 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for KLIMA & ASSOCIATES FINANCIAL SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 707A00056233

**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: Klima & Associates Financial Services LLC
2. The mailing address of the limited liability company is : 3639 W  
HILLSBOROUGH Ave TAMPA FL 33614  
9/19/05 L 05000092038
3. Date of filing/registration in Florida
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:

Klima & Associates Financial Ser. LLC  
Name  
3639 W HILLSBOROUGH Ave  
Address  
TAMPA FL 33614  
City, State and Zip

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

EVA M KLIMA  
Name  
3639 W HILLSBOROUGH Ave  
Florida street address (P.O. Box NOT acceptable)  
TAMPA FL 33614  
City, State and Zip

FILED  
07 OCT - 8 PM 12: 54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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.

Eva Klima  
(Signature of a member or authorized representative of a member)

EVA KLIMA  
(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.*

Eva Klima  
(Signature of Registered Agent)

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