

L0500011499

(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:

Office Use Only



700075991717

06/09/06--01020--018 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 26 AM 9:29

J. BRYAN JUN 13 2006

J. BRYAN JUN 27 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2006

NISAAR KHAN
THE K-6 TRAILRIDERS, LLC
12620 S. HWY. 464
OCKLAWAHA, FL 32179

SUBJECT: THE K-6 TRAILRIDERS, LLC
Ref. Number: L05000111499

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 26 AM 9:29

We have received your document for THE K-6 TRAILRIDERS, 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):

You completed the wrong form

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 806A00040151

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE K-6 TRAIL RIDERS 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:

NAEEM KHAN.
(Name of Person)

THE K-6 TRAIL RIDERS LLC.
(Firm/Company)

12620 S. Hwy. 464.
(Address)

DEKLAWAHA FL. 32179.
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 26 AM 9:29

For further information concerning this matter, please call:

NAEEM KHAN. at (352) 288-3113
(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

**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: THE K-6 TRAIL RIDERS, LLC.
2. The mailing address of the limited liability company is: 12620 S. Hwy 464.
OKLAHOMA FL. 32179.

- 11-17-05 3. Date of filing/registration in Florida
- L05000111499 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:

HABIB BACEHUS.
Name
7644 HERRICKS LOOP
Address
ORLANDO FL. 32835
City, State and Zip

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

NAEEM KHAN.
Name
12620 S. Hwy 464.
Florida street address (P.O. Box NOT acceptable)
OKLAHOMA FL 32179.
City, State and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 26 AM 9:29

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.

Naem Khan.
(Signature of a member or authorized representative of a member)

NAEEM KHAN.
(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.

Naem Khan.
(Signature of Registered Agent)

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