L06000002945

•	
(Requestor's Name)	
(Address)	
(Address)	
(Mariess)	
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	
L06-2945	
(Document Number)	
Certified Copies Certificates of Status	_
	_
Special Instructions to Filing Officer:	
·	
·	

Office Use Only



300079557653

09/11/06--01025--009 **35.00

FILED

06 SEP 27 AM 10: 56

SECRETARY OF STATE
ANT AHASSEE, FLORIDA



September 13, 2006

ADALBERT RYBACZUK 1510 WEST WIND BLVD. KISSIMMEE, FL 34746

SUBJECT: AKLIMAT INTERNATIONAL LLC

Ref. Number: L06000002945

We have received your document for AKLIMAT INTERNATIONAL 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 wrong form was completed.

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) 245-6067.

Letter Number: 206A00055185

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: AKLIMAT INTERNATIONAL 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:
ADALBERT RYBACZUK (Name of Person)
AKLIMAT INTERNATIONAL LLC (Firm/Company)
1510 WEST WIND BLVD. (Address)
KISSIMMEE FL 34746 (City/State and Zip Code)
For further information concerning this matter, please call:
BERT RYBACZUK at (407) 397 7803 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301
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: ALLIMAT INTERNATIONAL.
2. The mailing address of the limited liability company is: 2106 W. CEUTRAL BLUD,
ORLANDO FL 32805
O1/09/2006 3. Date of filing/registration in Florida 1. 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: LENE PERS KY Name ABT. 3108
6. The name and address of the new registered agent and/or office: ADAUBERT RYBACZUK 1510 WEST WIND BLVO. Florida street address (P.O. Box NOT acceptable) City, State and Zip
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 of a member or authorized representative of a member)
A. RYBACZUK (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 600, 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.

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

(Signature of Registered Agent)