# 100000014572

(Converted Nome)				
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone #	r)		
		_		
PICK-UP	☐ WAIT	MAIL		
		,		
(Bu	siness Entity Name	)		
(Document Number)				
•	,			
Cartified Conjec	Certificates	f Statue		
Certified Copies Certificates of Status				
<b></b>				
Special Instructions to Filing Officer:				
		]		
:				
<u></u>				

Office Use Only



600250753126

08/19/13--01009--020 \*\*25.00

2013 AUG 19 PM 3: 47

AUG 2 0 2013



#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KEYWEST  Name of Limited Liability Cor	KEYLIME PIE CO LLC mpany
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to the fol	lowing:
James W. Brush	
Name of Person	
KEYWEST KEYLIN	MERECO LIC
PO Box 4143	28 13 A
Address	ETANY ETANY
Key West, FI 33040	1:1
City/State and Zip Code	PM 3: 4.7 SP STAE SP STAE
vintagewine@hotmail.com	<b>三</b>
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
James W Brush at (305) 7	31-9233
Name of Person Area Co	de & Davtime 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. N	Name of the limited liability company: im K	EY WEST KEYLIME +	PECO, UC
2. (	a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	183 Golf Club Dr Key West, Fl 33040	***************************************
(1	b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 4143 Key West, Fi 33040	
	08 Jock Date of filing/registration in Florida	- 060000 14572 4. Document number	
5. (	(a) Registered Agent and Registered Office shown on	the records of the Florida De	ot of State:
	Registered Agent:	Jim Brush	TO SE TO
	Registered Office Address:	513 Fleming St Suite 14 Key West, Fl 33040	9
(1	b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office addres	3: L7
	NEW Registered Agent:	James W. Brush	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	183 Golf Club Dr	
		Key West	,FL 33040
conf and liabi the r the c	e limited liability company is not organized under the limited that after the change or changes are made, the Fithe business office of the registered agent will be identility company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwipperating agreement of the limited liability company.	orida street address of the reical. Or, in the case of a Flor	gistered office
	s W. Brush	_	
I he com and Cha addi	reby accept the appointment as registered agent and a ply with the provisions of all statutes relative to the provisions of the obligations of my popter 508, F.S. Or, if this document is being filed to me ress. I hereby confirm that the limited liability company	gree to act in this capacity. Oper and complete performan sition as registered agent as rely reflect a change in the re has been notified in writing	I further agree to nce of my duties, provided for in egistered office of this change.

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