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(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE FLORIDA

EB -8 PM 2:

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Keller-Goldstein Alien Pa (Name of Li	intriers, LLC imited Liability Company)	-		
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for file	ing.		
Please	e return all correspondence concerning t	his matter to the following:			
Dav	id E. Goldstein				
	(Name of Person)				
Kelle	er-Goldstein Alien Partners, LL (Firm/Company)	<u>.C</u> was the same state of the	SECRE TALLAH	07 FEB -8 PM 2: 00	
176	5 Blue Canyon Street		ASSE ASSE	8-8	
	(Address)	1	 연기 :	₹	ĺ
New	bury Park, CA 91320		STATI	ö	
	(City/State and Zip Code)		≯m .č	5 .	
For fi	orther information concerning this matte	r, please call:			
Davi	d E. Goldstein	at (805) 501-1786	_		
	(Name of Person)	(Area Code & Daytime Telepho	one Numbe	er)	
	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	g amount:			
	✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (8/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2007

DAVID E GOLDSTEIN 1765 BLUE CANYON STREET NEWBURY PARK, CA 91320

SUBJECT: KELLER-GOLDSTEIN ALIEN PARTNERS, LLC

Ref. Number: L06000016746

We have received your document for KELLER-GOLDSTEIN ALIEN PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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 § (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 907A0000379

EB -8 PM 2:

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 l	liability company is:	Keller-Goldstein Alien Partner	s, LLC
2. The mailing address of th	ne limited liability con	mpany is : 1765 Blue Canyo	n Street
Newbury Park, CA 91320)		
1/1/07		L06000016746	
3. Date of filing/registration	ıber		
5. The name of the registered Florida Department of Sta		tered office address as shown of	on the records of the
· <u>T</u>	he Company Co	orporation .	
_		Name	
<u>2</u>	711 Centerville R		
		Address	,
<u>v</u>	Vilmington, DE 19		
	City, i	State and Zip	
6. The name and address of	the new registered ag	gent and/or office:	07 P.S.
<u>In</u>	win Keller c/o Da		FEB CRET LAHA
60		Name	ča 📉 🗼
	874 Grenelefe Rd		(T)
r	Florida street address	(P.O. Box NOT acceptable)	,
В	oynton Beach	FL 33437	의 : 1 의 : 1
	City, St	tate and Zip	
confirmed that after the char and the business office of the liability company, it is hereb	nge or changes are made registered agent will be confirmed that the ed liability company of the limited liability		of the registered office of a Florida limited d by an affirmative vote
David E. Goldstein			•
(Printed or typed name of signee)			•
I hereby accept the appoints comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the	ment as registered ag of all statutes relative iccept the obligations s document is being f at the limited liabilit	gent and agree to act in this ca to the proper and complete pe s of my position as registered a filed to merely reflect a change y company has been notified in	pacity. I further agree to erformance of my duties, gent as provided for in in the registered office writing of this change.

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

of Registered Agent)