## L060000024276

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





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09/18/07--01043--005 \*\*25.00

DIVISION OF CORPORATIONS
OF STATE OF CORPORATIONS
OF STATE OF CORPORATIONS

## **COVER LETTER**

Division of Corpo				
SUBJECT:	CEN-KAL LL	.C		
	(Name of	Limited Liab	oility Company)	<del></del>
Dear Sir or Madam:				
The enclosed Registered	Agent/Registered (	Office Chang	ge and fee(s) are submitted for f	iling.
Please return all correspondence	ndence concerning	g this matter	to the following:	
James Kaltz	<del></del>			
(Na	me of Person)			
Cen-Kal LLC	•			9
(Fir	m/Company)			ST
				P 18
12875 SW 30	Oth St.			9 SZ
(4	Address)	<del></del>	<del></del>	AH 11: 50
				元器
Miramar, FL	33027			00
(City/St	ate and Zip Code)			
For further information co	oncerning this matt	ter, please ca	A1:	
James Kaltz		at ( 954	չ 499-4005	
(Name of	Person)	—, <sup></sup> \.	(Area Code & Daytime Telep	hone Number)
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ntions nter Circle .	Re Di P.	EAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a che	ck for the followin	ng amount:		
\$25 Filing Fee		□ \$	S55 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.

agent, or boin, in the state of	y Fioriau.			
1. The name of the limited	liability company is: C	EN-KAL LLC		
2. The mailing address of the	ne limited liability com	pany is : 12875 SW 30th St.,	Miramar, FL 33027	
3/6/06		L06000024276		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the registere Florida Department of St		red office address as shown of	on the records of the	
E	SUSINESS FILINGS	INCORPORATED		
_	N	lame		
<u>1</u>	203 GOVERNORS SO	QUARE BLVD., SUITE 101		
		ldress	07 07	
Ţ 	ALLAHASSEE, FL 32		SEP	
	City, St	ate and Zip		
6. The name and address of the new registered agent and/or office:		TOP COL		
J	ames Kaltz		ED STATE OF	
***	Na	me		
<u>1</u> :	2875 SW 30th St.		50 Toks	
	Florida street address (I	P.O. Box NOT acceptable)		
N	liramar j	FL 33027		
	City, Stat	te and Zip		
confirmed that after the cha and the business office of the liability company, it is here	nge or changes are mad be registered agent will by confirmed that the cl ed liability company or of the limited liability c	der the laws of the State of Fle, the Florida street address be identical. Or, in the case hange(s) was/were authorized as otherwise provided in the ompany.	of the registered office of a Florida limited d by an affirmative vote	
James Kaltz				
(Printed or typed name of signee)	<del></del>	<del></del>		
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608 KS. Or if thi address, I hereby confirm the confirmation to the confirmation that the co	ment as registered ageing all statutes relative to accept the obligations of a document is being file in the limited liability of the liabili	nt and agree to act in this ca o the proper and complete pe of my position as registered a id to merely reflect a change company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office a writing of this change.	

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

INHS18 (8/05)