## LOWDOOWOBWO

(Re	equestor's Name)					
(Address)						
(Ad	ldress)					
(Cit	ry/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL.				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



200081008832

10/25/06--01045--007 \*\*55.00

SECRETARY OF STATE
DIVISION OF CONT. SATIONS
ON OF STATE
DIVISION OF CONT. SATIONS



## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: KENBECK LLC				
	Limited Liabilit	y Company)		
Dear Sir or Madam:  The enclosed Registered Agent/Registered of Please return all correspondence concerning	_		ng.	
C. Christian Sautter, Esq. (Name of Person)		-		
Seiler, Sautter, Zaden & Rimes (Firm/Company)		-		
2850 North Andrews Avenue	<u>-</u> .	_		
(Address) Fort Lauderdale, Florida 33311-2514		,	2006 <b>827</b> 25	SECRI
(City/State and Zip Code)		•	<b>f</b> 25	OF AR
For further information concerning this mat	ter, please call:		PH 12: 1	A DIL STALE LOIS STALE
C. Christian Sautter, Esq.	_ at (_954	568-7000	w	ž
(Name of Person)		Area Code & Daytime Telepho	ne Num	nber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the following	ng 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 limit	ed liability company	is: KENBECK LLC				
2. The mailing address of	of the limited liability	company is: 3430 G	alt Ocean Drive, PH	1		
Fort Lauderdale, Florida 3	3308					
June 15, 2006		LO60	000060866			
3. Date of filing/registration in Florida		4. Do	4. Document number			
5. The name of the regist Florida Department of		gistered office addres	ss as shown on the re	ecords of the		
1	Brian C. Tamone	у				
		Name				
	2200 North Federa					
		Address				
	Boca Raton, Florid	a 33431 y, State and Zip		200		
		•		55 (SEC)		
6. The name and address	of the new registered	agent and/or office:		<b>53</b> ≥ 23		
	C. Christian Sautte	er. Esa.		FIL OF CO 25		
		Name				
	2850 North Andrew	s Avenue		ED OF STATE		
	Florida street addr	ess (P.O. Box <b>NOT</b> a	acceptable)			
	Fort Lauderdale	FL 33311-251	4	- CC ,		
	City	, State and Zip		•		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lift or the operating agreement (Signature of a member or author)	change or changes are f the registered agent ereby confirmed that mited liability compa nt of the limited liabi	made, the Florida st will be identical. Or the change(s) was/we ny or as otherwise pr lity company.	reet address of the re ; in the case of a Flo ere authorized by an	egistered office orida limited affirmative vote		
C. Christian Sautter, Esq			,			
(Printed or typed name of signes		<del></del>				
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confign	nintment as registered ns of all statutes relain nd accept the obligati this document is beir n that the limited liab	l agent and agree to dive to the proper and ons of my position as filled to merely reflicity company has be	act in this capacity. I complete performa sergistered agent as ect a change in the ren notified in writing	I further agree to nce of my duties, provided for in registered office g of this change.		
(Signature of Registered Agent)						

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