

L060000087025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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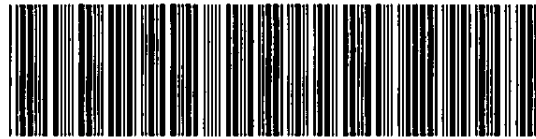
(Business Entity Name)

(Document Number)

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09 NOV 25 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN  
NOV 30 2009  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** K.B. BEST QUALITY INSTALATIONS 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:

MAREK CZAJA

Name of Person

K.B. BEST QUALITY INSTALATIONS LLC

Firm/Company

1151 STONEBRIDGE ROAD

Address

PENSACOLA FL 32514

City/State and Zip Code

czaia1@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAREK CZAJA

Name of Person

at ( 850 )

471-1394

Area Code & Daytime 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

IN11518 (5/08)

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**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. Name of the limited liability company: K.B. BEST QUALITY INSTALATIONS LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_



(Note: **MUST BE STREET ADDRESS**)

1151 STONEBRIDGE ROAD  
PENSACOLA FL 32514

(b) Mailing address of limited liability company: \_\_\_\_\_



(Note: **MAY BE POST OFFICE BOX**)

1151 STONEBRIDGE ROAD  
PENSACOLA FL 32514

09/05/2006

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

A1A REGISTERED AGENT INC.

Registered Office Address:

5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33441

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

MAREK CZAJA

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1151 STONEBRIDGE ROAD

PENSACOLA, FL 32514

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

MAREK CZAJA

Printed or typed name of signer

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 608, 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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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