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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: K-L Properties of Marco, LL (Name of I	Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Frank G. Dunten (Name of Person)	 _			
Dickinson Wright PLLC (Firm/Company)				
200 Ottawa Ave., N.W., Suite 900				
(Address)				
Grand Rapids, MI 49503				
(City/State and Zip Code)				
For further information concerning this matt	er, please call:			
Frank Dunten	at (616) 336-1012			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section Division of Corporations			
Division of Corporations Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, 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 compa	ny is: K-L Pr	operties of Marco, LLC			
2. The mailing address of	of the limited liabi	lity company	is : P. O. Box 6070			
Grand Rapids, MI 49516						
January 2, 2007			L07000000741			
3. Date of filing/registration in Florida			4. Document no	umber		
5. The name of the regist Florida Department of		e registered o	ffice address as show	on the records	of the	;
•	Kevin LaValle	е				
		Name	;			
	458 Marquesas			<u> </u>		<u> </u>
Address			07	¥IS		
	Marco Island, F	City, State a	nd Zin		30	<u>58</u>
6 The name and address	of the more maniet	• •	•		07 DEC 11	일루.
6. The name and address	of the new registe	ered agent an	d/or office.			77
	Tim Conatser			_	PH	
	45500 !! 5	Name			PM 1: 19	
	1559 South Bar		D NOT		9	
	Florida street a	aaress (P.O.	Box NOT acceptable))		
	Marco Island		34145			
	(City, State an	d Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreeme (Signature of a member or autho	thange or changes of the registered agereby confirmed the mited liability connut of the limited liability.	are made, the cent will be idented the change of the change of the change of the company or as company company company company comp	e Florida street addres lentical. Or, in the cas e(s) was/were authorize therwise provided in t	s of the register se of a Florida li zed by an affirm	ed off mited ative	vote
(Signature of a member of autho	rized representative of a	a memoer)				
Frank G. Dunten						
(Printed or typed name of signee	,	1	1			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	ontment as registers of all statutes rand accept the obli- this document is last that the contract is last the limited in the	ered agent arelative to the gations of my being filed to liability comp	d agree to act in this of proper and complete position as registered merely reflect a changany has been notified	capacity. I furth performance of l agent as provie ge in the registe in writing of thi	er ag my di ded fo red of is cha	ree to ities, or in fice nge.
(Signature of Registered Agent)	rotars					

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