L07000004684

, (Req	uestor's Name)	·
(Add	ress)	
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(Ädd	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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04/20/09--01036--018 **25.00

09 MAY -4 AM II: 05

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAY - 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Katny Construction Group, LLC (Name of Limited Liability Company)
(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:
Peter Katny (Name of Person)
Katny Construction Group, LLC (Firm/Company)
3709 Shore Blvd.
Old 5 mar FL 34677 (City/State and Zip Code)
For further information concerning this matter, please call:
Peter Katny at (727) 224-8986 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 MAY -4 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 21, 2009

PETER KATNY 3709 SHORE BLVD OLDSMAR, FL 34677

SUBJECT: KATNY CONSTRUCTION GROUP, LLC

Ref. Number: L07000004684

We have received your document for KATNY CONSTRUCTION GROUP, 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):

You have filed a Statement of Change of Registered Agent form, please list the new name of your Registered Agent or the new address in section B.

Please return the corrected original and one copy of 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 call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00013404

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.

in the state of 1 to that	1	α	1 .	α	110
1. Name of the limited liability company: _	Ratny	Constru	iction	Group	, uc
2. (a) Principal office address of limited lia (Note: MUST BE STREET ADDR	bility company	3709 3 01dsm	shore ar, Fi	Blvd. 34677	
(b) Mailing address of limited liability co	ompany: <u>OX</u>)	3709 Oldsm	Shore ar, Fl	Blvd.	
01/12/2007		L07	00000	4684	<u>, </u>
3. Date of filing registration in Florida	·	Document n	umber		
5. (a) Registered Agent and Registered Off	fice shown on t	he records of th	ne Florida De	pt. of State:	
Registered Agent:	•		Katn		
Registered Office Address:		3709 01d5m	Shore ar, Fl	BIVd.	
(b) Enter name of <u>NEW Registered Age</u> <u>NEW Registered Agent:</u>	e <u>nt</u> and/or <u>NEV</u>	V Registered C	Office addres	<u>s</u> :	
NEW Registered Office Address: (MUST BE FLORIDA STREET AL	ODRESS)	3709 Oldsma	Shore or, FL		<u> </u>
If the limited liability company is not organithat after the change or changes are made, the office of the registered agent will be identical hereby confirmed that the change(s) was/welliability company or as otherwise provided in limited liability company.	ie Florida street il. Or, in the ca re authorized by n the articles of	aws of the State address of the se of a Florida y an affirmative organization o	e of Florida, i registered of limited liabil e vote of the i r the operatir	t is hereby co fice and the b ity company, nembers of th ng agreement	nfirmed usiness it is se limited of the
(Signature of a member or authorized representative of a m	ember)				
Peter Katny (Printed or typed name of signee)					
I hereby accept the appointment as registere comply with the provisions of all statutes reliant familiar with and accept the obligations of S. Or, if this document is being filed to me confirm that the limited liability company ha	ed agent and ag ative to the pro of my position i rely reflect a c s been notified	ree to act in the per and comple as registered as hange in the re in writing of th	is capacity. ete performar gent as provid gistered offic ils change.	I further agre ice of my duti ded for in Cha e address Th	e to es, and I apper 608, ereby SIONECRE
(Signature of Registered Agent)					FIL PRY C
Division of Corporation	ons. P.O. Box	5327. Tallahas	see, FL 323	14	\odot

FILING FEE: \$25.00

INHS18 (05/08)

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