

207000074364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

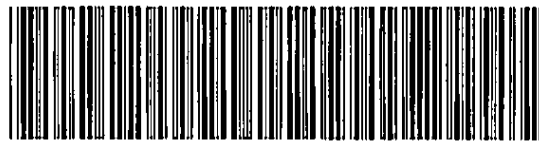
(Business Entity Name)

(Document Number)

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2018 NOV 16 PM 1:13
SEC. OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2018

JORN KAAE
KIMIMIKI, LLC
304 INDIAN TRACE., SUITE 281
WESTON, FL 33326

SUBJECT: KIMIMIKI, LLC
Ref. Number: L07000074364

We have received your document for KIMIMIKI, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 318A00018819

Cabanas Law Firm

November 9, 2018

To whom it may concern:

Please see the corrected paperwork regarding Kimimiki, LLC. We've attached the previous correspondence you sent us, except for the check which your department kept. If you have any concerns do not hesitate to give our office a call.

Thank you.

Mariana Morell, Legal Assistant

Cabanas Law Firm

www.CabanasLawFirm.com

18503 Pines Blvd., Suite 301

Pembroke Pines, FL 33029

Tel.: (954) 447-2580

Fax: (954) 447-2959

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kimimiki, 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:

Jorn Kaae

Name of Person

Kimimiki, LLC

Firm/Company

304 Indian Trace, Suite 281,

Address

Weston, FL 33326

City/State and Zip Code

jkaae@kaaeassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Cabanas

at (954) 326-2842

Name of Person

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kimimiki, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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Please return all correspondence concerning this matter to the following:

Jorn Kaae

Name of Person

Kimimiki, LLC

Firm/Company

304 Indian Trace, Suite 281,

Address

Weston, FL 33326

City/State and Zip Code

jkaae@kaaeassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Cabanas at (954) 326-2842
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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Division of Corporations
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☒ \$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 605.0114 or 605.0116, 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: Kimimiki, LLC
2. (a) 304 Indian Trace, Suite 281
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Weston, FL 33326
- (b) 304 Indian Trace, Suite 281
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Weston, FL 33326
3. 07/18/2007
Date of filing/registration in Florida
4. L07000074364
Document number

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

1527 CARDINAL WAY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WESTON, FL 33327

_____. FL _____

- (b) Cabanas Law, P.A.

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

18503 Pines Blvd, Suite 301

NEW Registered Office Address:

Pembroke Pines, FL 33029

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

Jorn Kaae, Manager

Printed or typed name of signee

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 605, 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 Sergio Cabanas

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2018 NOV 16 PM 1:14
TALLAHASSEE, FL