## L07000080235

(Requestor's Name)		
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PICK-UP	WAIT MAIL	
(Business Entity Name)		
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C. LEWIS

AUG - 7 2009

EXAMINER

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Karmals 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:		
Greg S Clausen Name of Person		
Karmals LLC Firm/Company		
P.O. Boy 760  Address		
Long Key Florida 33001  Gity/State and Zip Code		
Scottbecky o msn.com E-mail address: (to b) used for future annual report notification)		
For further information concerning this matter, please call:		
Greg S Clausen at (305) 433-8021  Name of Person at (305) 433-8021  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 \$\ \tag{\text{S55 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 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	r to change its registered office or registered
1. Name of the limited liability company:	rmals LLC
2. (a) Principal office address of limited liability company	: Karmals LLC
(Note: MUST BE STREET ADDRESS)	120 Buttonwood lane Layton, FL 33001
(b) Mailing address of limited liability company:	Karmals LLC
(Note: MAY BE POST OFFICE BOX)	P.O. Box 760 Long Key, FL 33001
August 06 2007  3. Date of filing/registration in Florida	L07000080235
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Greg S Clausen
Registered Office Address:	58133 Ferreire Street Marathon, FL 33050
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW NEW</b> Registered Agent:	V Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	120 Buttonwood lane
	hayton ,FL 33001
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	2009 AUG:
Grea S Clausen	ARE S.
Printed or typed name of signee	- SSE 6 III
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my fatties, it is not as registered agent as provided for in ely reflect a change in the registered of ice has been notified in writing of this ordinge of the complete of th
Signature of Registered Agent	10/2/0 9/9/
Division of Corporations, P.O. Box 632 FILING FEE: \$2	27, Tallahassee, FL 323X4