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TALLAHASSEE FLORID

M. THOMAS

JUN 11 2009

**EXAMINER** 

## KUBE LLC 1575 Crestwood LN Palm Harbor FL 34683-2117

June 6, 2009

Florida Department Of State Division of Corporations P.O. BOX 6327 Tallahassee FL 32314

Reg: KUBE IMPORT,LLC Ref # L07000105456

To Whom It May Concern:

Enclosed is a Check \$ 85.00 for the filing fee, and signed Statement of change of Registered Agent, confirming Asdis A Feifer as new registered Agent replacing A.R. Neal.

Any questions please get back to me

**Best Regards** 

President Kube LLC

## 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: 2. (a) Principal office address of limited liability company: \( \( \text{\subset} \) (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 of as otherwise provided in the articles of organization or the operating agreement of the limited tiability company. 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.

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

(Signature of Registered Agent)