

L 080000 23145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400145398664

RECEIVED  
09 MAR 17 AM 10:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 MAR 17 PM 3:15  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

MAR 18 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2009

CARINA DUNLAP  
CSC  
TALLAHASSEE, FL

SUBJECT: KCM PROPERTIES FLORIDA PATIO, LLC  
Ref. Number: L08000023145

**RESUBMIT**  
Please give original  
submission date as the date  
FILED  
MAR 17 PM 3:15  
TALLAHASSEE, FLORIDA

We have received your document for KCM PROPERTIES FLORIDA PATIO, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The R.A. must sign the acceptance statement.

Please return 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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 109A00009092

RECEIVED  
09 MAR 18 AM 10:50  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 924090 141968A

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : March 16, 2009

ORDER TIME : 3:52 PM

ORDER NO. : 924090-010

CUSTOMER NO: 141968A

CHANGE OF AGENT

NAME: KCM PROPERTIES FLORIDA PATIO,  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER: \_\_\_\_\_

FILED  
09 MAR 17 PM 3:15  
TALLAHASSEE, FLORIDA

**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: KCM PROPERTIES FLORIDA PATIO, LLC

2. (a) Principal office address of limited liability company: 4529 GRAND AVENUE  
**(Note: MUST BE STREET ADDRESS)**

WESTERN SPRINGS, FL 60558

(b) Mailing address of limited liability company: 4529 GRAND AVENUE  
**(Note: MAY BE POST OFFICE BOX)**

WESTERN SPRINGS, FL 60558

03/04/2008

3. Date of filing/registration in Florida

L08000023145

4. Document number

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

Registered Agent:

PAUL M. VOLMERT, P.A.

Registered Office Address:

1975 EAST SUNRISE BLVD, STE 523

FORT LAUDERDALE, FL 33315

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

NEW Registered Agent:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

**(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32301

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.

/s/ KENNETH C. MARINO

(Signature of a member or authorized representative of a member)

KENNETH C. MARINO

(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 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.*

By: Carina L. Dunlap

(Signature of Registered Agent)

**Carina L. Dunlap  
Asst. Vice President**

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**