

W08000043032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

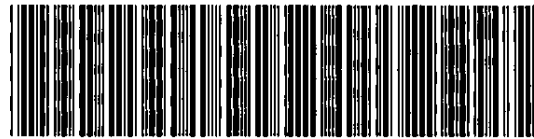
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 10 AM 8:20

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M. THOMAS

JUN 11 2009

EXAMINER

W08-43032

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keyfobber 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:

Owen Griffin
Name of Person

Keyfobber LLC
Firm/Company

7823 Crest Hammock Way
Address

Sarasota, FL 34240
City/State and Zip Code

ajgriff@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Owen Griffin at (941) 378-7896
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

INHS18 (5/08)

Submitted and you received \$519 for \$35.00. Please
refund \$10.00 overpayment as stated on this form.
I have been notified that \$25.00 check was cashed by your office.

FILED
2009 JUN 10 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2009

OWEN GRIFFIN
7823 CREST HAMMOCK WAY
SARASOTA, FL 34240

SUBJECT: KEYFOBBER L.L.C.
Ref. Number: L08000043032

We have received your document for KEYFOBBER L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 109A00017500

2009 JUN 10 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: _____

Keyfobher LLC

2. (a) Principal office address of limited liability company: _____

☐ _____

(Note: **MUST BE STREET ADDRESS**)

7823 Crest Hammock Way
Sarasota, FL 34240

(b) Mailing address of limited liability company: _____

☐ _____

(Note: **MAY BE POST OFFICE BOX**)

7823 Crest Hammock Way
Sarasota, FL 34240

3. Date of filing/registration in Florida _____

4/28/08

4. Document number _____

L 080000 43032

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

Registered Agent: _____

NRAI Services Inc.

Registered Office Address: _____

2731 Executive Park Dr. Suite 4

Weston, FL 33331

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

NEW Registered Agent: _____

Owen Griffith

NEW Registered Office Address: _____

7823 Crest Hammock Way

(**MUST BE FLORIDA STREET ADDRESS**)

Sarasota, FL 34240

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 _____

Owen Griffith

Printed or typed name of signer _____

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. 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 _____

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

FILING FEE: \$25.00