

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000077674

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF KARMEN KIVIROGLU, P.L.

**Current Principal Place of Business:**

1880 NORTH CONGRESS AVENUE  
SUITE NO. 205  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

1880 NORTH CONGRESS AVENUE  
SUITE NO. 205  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KIVIROGLU, KARMEN  
1880 NORTH CONGRESS AVENUE  
SUITE NO. 205  
BOYNTON BEACH, FL 33426 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KARMEN KIVIROGLU

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: MS. ( ) Change (X) Addition  
Name: KARMEN, KIVIROGLU  
Address: 1880 N. CONGRESS AVE SUITE 205  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KARMEN KIVIROGLU

MS.

10/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date