109000013178

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SECRETARY OF STATE
TALLAHASSEE, FLORIE

D. BRUCE

AUG 2 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kona Market LLC	
Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are	e submitted for filing.
Please return all correspondence concerning this matter to the following	; :
Richard K Whitty	
Name of Person	
Kona Market LLC	
Firm/Company	
10582 Willow Oak Ct	B
Address	O9 AUG 20 PH 4: 1 SECRETARY OF STAT ALLAHASSEE, FLORI
Wellington, FL, 33414	AR SS
City/State and Zip Code	H 2
	PS = M
rkw1622@gmail.com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	O A
For further information concerning this matter, please call:	
<i>3</i> /1	
Richard K Whitty at (561)	707-5514
	time Telephone Number
·	•
STREET/COURIER ADDRESS: MAILING ADDR	_
Registration Section Registration Section	
Division of Corporations Division of Corpor Clifton Building P.O. Box 6327	สนบทร
· · · · · · · · · · · · · · · · · · ·	lo 22214
2661 Executive Center Circle Tallahassee, Florid Tallahassee, Florida 32301	IA J4J 14
Enclosed is a check for the following amount:	



August 13, 2009

RICHARD K. WHITTY 10582 WILLOW OAK CT WELLINGTON, FL 33414

SÚBJECT: KONA MARKET LLC Ref. Number: L09000013778 PILED

09 AUG 20 PM 4: 10

SECRETARY OF STATE
FALLAHASSEE, FI ORIDA

We have received your document for KONA MARKET LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records currently show Mr. Whitty as registered agent. If a new agent is appointed, please list only that name and the new agent must sign.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 409A00027654

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.

Name of the limited liability company:	Kona Market LLC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	1449 Yamato Rd Boca Raton, FL 33431
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	10582 Willow Oak Ct Wellington, FL 33414
2/11/09	L09000013778
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept of Spee:
Registered Agent:	Richard K. Whitty
Registered Office Address:	10582 Willow Oak Ct SER 20 F
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	Edgar Mendoza
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10582 Willow Oak Ct
	Wellington, ,FL 33414
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote.
Richard K. Whitty Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny 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