

L09000034405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

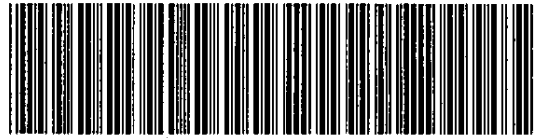
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800160447888

09/10/09--01012--007 \*\*25.00

FILED  
09 SEP 10 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 11 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KMD CREATIONS 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:

Todd McCabe  
Name of Person

KMD CREATIONS LLC  
Firm/Company

14449 Pleach St.  
Address

Winter Garden, FL 34787  
City/State and Zip Code

todd@kmdcreations.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd McCabe at ( 585 ) 322-3538  
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

**FILED**  
09 SEP 10 AM 11:34  
SECRETARY OF STATE  
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: KMD CREATIONS LLC

2. (a) Principal office address of limited liability company: KMD CREATIONS LLC



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

14449 Pleach St.  
Winter Garden, FL 34787

(b) Mailing address of limited liability company: KMD CREATIONS LLC



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

14449 Pleach St.  
Winter Garden, FL 34787

April 9, 2009

L09000034405

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: Todd McCabe

Registered Office Address: 707 WILLETT DR.  
Winter Garden, FL 34787

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

NEW Registered Agent: Todd McCabe

NEW Registered Office Address: 14449 Pleach St.  
**(MUST BE FLORIDA STREET ADDRESS)**  
Winter Garden, FL 34787

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.

*Todd McCabe*  
Signature of a member or authorized representative of a member

Kristen McCabe  
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. 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.*

*Todd McCabe*  
Signature of Registered Agent

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

FILED  
09 SEP 10 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA