60900039424

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(D)	usiness Entity Name)	
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(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

DEC - 8 2009

EXAMINER

KEVIN B HARRISON, DC LLC 20599 NE 105TH TERR LAKE BUTLER, FL 32054 386-964-8018

December 1, 2009

To Whom It May Concern:

Kevin B. Harrison, DC LLC is writing to change the FEIN# on file with the State of Florida. Currently there is no FEIN# for Kevin B Harrison, DC LLC on Sunbiz.org. The document number associated with Kevin B. Harrison, DC LLC is: L09000039424

Kevin B Harrison, DC LLC, received FEIN # from the Internal Revenue Service. This FEIN# is: 26-4721990. Please correct your records to reflect the FEIN#. Enclosed is the cover letter to change the address for Kevin B. Harrison, DC LLC to match the records of the Internal Revenue Service.

If there are any issues regarding these changes, please contact Kevin B. Harrison immediately, due to time constraints regarding this matter. The contact number is 386-451-6469.

In Kindest Regards,

Kevin B. Harrison

COVER LETTER

Division of Corporations		
SUBJECT: KEVII	N B HARRISON, DC 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	ng this matter to the following:	
KEVIN B HARRISON		
Name of Person		
KEVIN B HARRISON, DC I	SECRET TALL SHO	
	HAN TO	
20599 NE 105TH TERR	ASSE	
Address	mo n	
LAKE BUTER, FL 3205	of STATE E. FLARIDA	
E-mail address: (to be used for future annual reportion further information concerning this ma	·	
A OF ARTHOU MICHARITAGE CONCORDING HIS SID	mex, product carr.	
KEVIN B HARRISON	at (<u>386</u>) <u>451-6469</u>	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	A WITHINGTON, A LATING ARATT	
Enclosed is a check for the follow	ring amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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: KEVIN B HARRISON, DC LLC

1. Name of the minted havinty company.	AIIA D LIVIZIOOM, DO FFC
2. (a) Principal office address of limited liability company	KEVIN B HARRISON, DC LLC
(Note: MUST BE STREET ADDRESS)	601 E CALL STREET STARKE FL 32091
(b) Mailing address of limited liability company:	KEVIN B HARRISON, DC LLC
(Note: MAY BE POST OFFICE BOX)	601 E CALL STREET STARKE, FL 32091
04/23/2009	L09000039424
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	•
Registered Agent:	KEVIN B HARRISON SS
Registered Office Address:	KEVIN B HARRISON, DC ELC 601 E CALL STREET 5 TARKE, FL 32091
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address:
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) 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 KEVIN B HARRISON Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of the provisions of all statutes relative to the processor of the provisions of the obligations of my portugated to the provisions of the second of the provisions of the second of the provisions of the second of the provisions of the provisions of the second of the provisions of the provisio	lorida street address of the registered office ical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote wise provided in the articles of organization .
11.24	

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

Signature of Registered Agent