

LO9000052710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

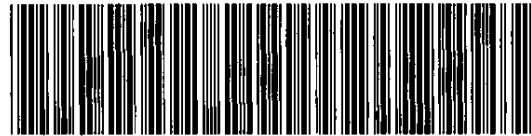
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100183095171

07/16/10--01014--014 **35.00

FILED
10 JUL 28 AM 11:25
TAMU BE STATE
ALBUQUERQUE, NEW MEXICO

D. BRUCE

JUL 29 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2010

ALEJANDRO WEINSTEIN
3815 STATE ROAD 64TH EAST
BRADENTON, FL 34208

SUBJECT: KING WINSTON PARTNERS LLC
Ref. Number: L09000052710

We have received your document for KING WINSTON PARTNERS LLC 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 810A00017411

FILED
10 JUL 28 AM 11:29
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: King Winston Partners 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:

Alejandro Weinstein
Name of Person

1500 15th Ave Dr E #109
Firm/Company

King Winston Partners
Address

Palmetto FL 34201
City/State and Zip Code

Alejandro Weinstein @ Global-systems.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex W at (941) 747 3246
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

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: King Winston Partners LLC
2. (a) Principal office address of limited liability company: ☐ ~~1800 1st St~~ 3815 State Rd
64th East
Bradenton FL 34208
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: ☐ Same
May 29, 09
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 09 0000 52710
4. Document number: May 29, 09
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Alejandro Weinstein
Registered Office Address: 1500 15th Ave Dr E #104
Palm Beach, FL 34228
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Alejandro Weinstein
NEW Registered Office Address: 3815 State Rd 64th E.
(MUST BE FLORIDA STREET ADDRESS) Bradenton, FL 34208

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

Alejandro W.
Printed or typed name of signee

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.

Signature of Registered Agent

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