

209000082690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

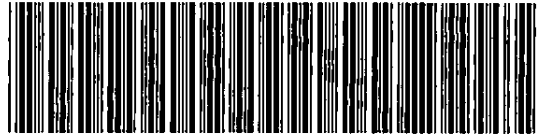
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400162128504

10/28/09--01006--012 **55.00

FILED
09 OCT 28 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

OCT 29 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKMA 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:

ASHWIN BRAHMBHATT
Name of Person

SKMA LLC
Firm/Company

1949 AIA SOUTH, ST. AUGUSTINE, FL 32082
Address

ST. AUGUSTINE, FL. 32082
City/State and Zip Code

did 9796 @ yahoo.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHWIN BRAHMBHATT at (409) 217-7293
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: SKMA LLC

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



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

1949 AIA
ST. AUGUSTINE
FL 32080

(b) Mailing address of limited liability company:



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

SKMA LLC
1949 AIA
FL 32080

3. Date of filing/registration in Florida

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

Registered Agent:

ASHISH PATEL

Registered Office Address:

1949 AIA S.
ST. AUGUSTINE
FL 32080

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

NEW Registered Agent:

ASHWIN BRAHMBHATT

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1949 AIA S.
ST. AUGUSTINE
FL 32080

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.

Ashwin Brahmhatt
Signature of a member or authorized representative of a member

ASHWIN BRAHMBHATT
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.

Ashish Patel
Signature of Registered Agent

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