

L100000058740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

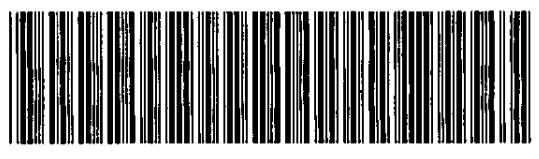
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAY -4 AM 8:28

RO/chg
@ 5/4/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KUB Tradeshow Support

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:

Rameshwer Persaud

Name of Person

KUB Tradeshow Support

Firm/Company

19 N Texas Avenue

Address

Orlando, FL 32805

City/State and Zip Code

arnoldkub@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rameshwer Persaud

at (407)

342-1566

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2015

RAMESHWER PERSAUD
KUB TRADESHOW SUPPORT, LLC
19 N. TEXAS AVENUE
ORLANDO, FL 32805

SUBJECT: KUB TRADESHOW SUPPORT, LLC
Ref. Number: L10000058740

We have received your document for KUB TRADESHOW SUPPORT, 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 115A00007450

RECEIVED
15 MAY -4 AM 10:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: KUB Tradeshaw Support

2. (a) KUB Tradeshaw Support

Principal office address of limited liability company:

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

19 N Texas Avenue

Orlando, FL 32805

2010

3. Date of filing/registration in Florida

(b) KUB Tradeshaw Support

Mailing address of limited liability company:

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

19 N Texas Avenue

Orlando, FL 32805

L10000058740

4. Document number

5. (a) Rameshwer Persaud

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

KUB Tradeshaw Support

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

9638 Pacific Pines Court

Orlando, FL 32832

(b) Rameshwer Persaud

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

KUB Tradeshaw Support

NEW Registered Office Address:

19 N Texas Avenue

Orlando, FL 32805

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

Rameshwer Persaud

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 605, 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAY -4 AM 8:28