

L10000062363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

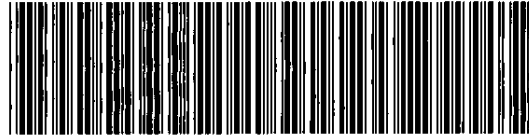
Special Instructions to Filing Officer:

L. SELLERS

NOV 22 2010

EXAMINER

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10 NOV 19 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KYMATA LLC
Name of Corporation

DOCUMENT NUMBER: L10000062363

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL MAVRIS
Name of Contact Person

KYMATA LLC
Firm/Company

544 ALLENDALE ROAD
Address

KEY BISCAINE, FL 33149
City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAEL MAVRIS at (786) 201-0565
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2010

MICHAEL MAVRIS
544 ALLENDALE ROAD
KEY BISCAYNE, FL 33149

SUBJECT: KYMATA LLC
Ref. Number: L10000062363

We have received your document for KYMATA 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 form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 610A00026492

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: KYMATA LLC

2. (a) Principal office address of limited liability company: 544 ALLENDALE ROAD,

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

KEY BISCAYNE, FL 33149

(b) Mailing address of limited liability company: 544 ALLENDALE ROAD,

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

KEY BISCAYNE, FL 33149

6/9/2010

3. Date of filing/registration in Florida

L10000062363

4. Document number

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

Registered Agent:

BUSINESS FILINGS INCORPORATED

Registered Office Address:

1203 GOVERNORS SQUARE BLDG,
SUITE 101,
TALLAHASSEE, FL 32301-2960, US

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

NEW Registered Agent:

MICHAEL MAURIS

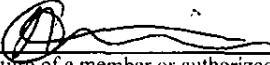
NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

544 ALLENDALE ROAD,

KEY BISCAYNE, FL 33149

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

MICHAEL MAURIS
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 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