

L10000109776

(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
14 DEC -8 PM 4:38

C. Lewis
12-15-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2014

LYNN A. FEDORIW CPA PA
370 CAMINO GARDENS BLVD SUITE 107
BOCA RATON, FL 33432 US

SUBJECT: 2405 KENILWORTH LLC
Ref. Number: L10000109776

We have received your document for 2405 KENILWORTH 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).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 214A00025128

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2405 Kenilworth 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:

Lynn A. Fedoriw

Name of Person

Lynn A. Fedoriw, CPA, P.A.

Firm/Company

370 Camino Gardens Blvd, Suite 107

Address

Boca Raton, FL 33432

City/State and Zip Code

lynn@fedoriwcpa.com

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

For further information concerning this matter, please call:

Lynn A Fedoriw

Name of Person

at (561)

852-4577

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 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: 2405 Kenilworth LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

370 Camino Gardens Blvd, Suite 107

370 Camino Gardens Blvd, Suite 107

Boca Raton, FL 33432

Boca Raton, FL 33432

10/21/2010

L10000109776

3. Date of filing/registration in Florida

4. Document number

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

Lynn A Fedoriw

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5550 Glades Road Suite 500

Boca Raton, FL 33431

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

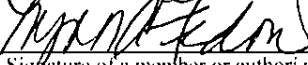
Lynn A Fedoriw, CPA, P.A.

NEW Registered Office Address:

370 Camino Gardens Blvd, Suite 107

Boca Raton, FL 33432

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.

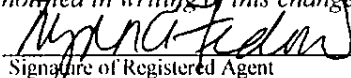


Lynn A Fedoriw

Signature of a member or authorized representative of a member

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC -8 PM 4:38