## #L1000126150

•					
(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zin/Dhone #A					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
-					
(Business Entity Name)					
(Document Number)					
(Securion Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500215144305

12/16/11--01015--012 \*\*25.00

ALARACSEE FLORM

K. SALY EXAMINER DEC 20 2011

## **COVER LETTER**

10:	Division of Corporations			
SUBJ	ECT:	Kevin C	ahill Group	LLC
	Name	of Limite	d Liability Con	npany
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registere	ed Office	Change and fee	e(s) are submitted for filing.
Please	return all correspondence concern	ing this m	atter to the fol	lowing:
	Kevin M. Cahill			
	Name of Person			
	Kevin Cahill Group LL Firm/Company	С		
	134 116th Ave #2 Address		<u> </u>	
	Treasure Island, FL 337 City/State and Zip Code	706	<del></del>	
E-	kevincahillgrouplic@gmai	l.com ort notification	on)	,
For fu	rther information concerning this n	natter, ple	ase call:	
	Kevin M. Cahill	at (	813 )	830-8008
	Name of Person		Area Cod	e & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registration Division of P.O. Box 63	Corporations
Enclosed is a check for the following amount:				
	✓ \$25 Filing Fee		\$55 Filing	g 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.

Name of the limited liability company:	Kevin Cahill Group LLC		
2. (a) Principal office address of limited liability compan	y: 134 116th Ave #2		
(Note: MUST BE STREET ADDRESS)	<u>134 116th Ave #2</u>		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	Treasure Island, FL 33706		
12/08/2010	L10000126150		
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:		
Registered Agent:	Kevin M. Cahill		
Registered Office Address:	263 Corey Ave St. Pete Beach, FL 33706		
NEW Registered Agent:  NEW Registered Office Address:	134 116th Ave #2		
	134 116th Ave #2		
(MUST BE FLORIDA STREET ADDRESS)	Treasure Island ,FL33706		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of member or authorized representative of a member  Kevin M. Cahill  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my possible to the provisions, I hereby confirm that the limited liability company.	Clorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization y.		
(Signature of Regions of Agent			