

L1200000416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 JAN 17 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JAN 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2017

KARLA ABRAHAM
6135 NW HELMSDALE WAY
PORT SAINT LUCIE, FL 34983

SUBJECT: KARLA ABRAHAM ENTERTAINMENT LLC
Ref. Number: L12000001416

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TALLAHASSEE, FLORIDA

We have received your document for KARLA ABRAHAM ENTERTAINMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 017A00000178

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Karla Abraham Entertainment 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:

Karla Abraham

Name of Person

Karla Abraham Entertainment LLC

Firm/Company

6135 NW Helmsdale Way

Address

Port Saint Lucie, FL 34983

City/State and Zip Code

karlaabraham@aol.com

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

For further information concerning this matter, please call:

Karla at (772) 418-2034
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 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: Karla Abraham Entertainment LLC

2. (a) Karla Abraham Entertainment LLC (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

6135 NW Helmsdale Way

Port Saint Lucie, FL 34983

L1200000416

3. Date of filing/registration in Florida

4. Document number

5. (a) Karla Abraham

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

Karla Abraham Entertainment LLC

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

496 NW Dover Court

Port Saint Lucie, FL 34983

(b) Barry Abraham

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

Karla Abraham Entertainment LLC

NEW Registered Office Address:

6135 NW Helmsdale Way

Port Saint Lucie, FL 34983

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.

Karla Abraham
Signature of a member or authorized representative of a member

Karla Abraham
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.

Karla Abraham
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA