

L120000143688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12 DEC 31 PM 12:49

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B. BOSTICK

JAN - 2 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MarketPharma
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:

Diana Salleg-Heinken
Name of Person

MarketPharma
Firm/Company

13843 NW 155+
Address

Pembroke Pines / FL 33028
City/State and Zip Code

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

For further information concerning this matter, please call:

Markus Heinken at (954) 3389927
Name of Person Area Code & Daytime Telephone Number

Diana Salleg-Heinken
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

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12 DEC 31 PM 12:49
TALLAHASSEE, FLORIDA

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: MarketPharma
2. (a) Principal office address of limited liability company: 13843 NW 15 St
(Note: **MUST BE STREET ADDRESS**) Pembroke Pines, FL 33028
- (b) Mailing address of limited liability company: same as above
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 11/14/12
4. Document number: L12000143688

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

Registered Agent:

LegalZoom.com, INC

Registered Office Address:

100 W Broadway, Suite 100
POB 29096
Glendale, Ca 91209-9096

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

NEW Registered Agent:

Diana Salleg-Heinken

NEW Registered Office Address:

13843 NW 15 St
Pembroke Pines

(**MUST BE FLORIDA STREET ADDRESS**)

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 member or authorized representative of a member

Diana Salleg-Heinken
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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2012

DIANA SALLEG-HEINKEN
MARKETPHARMA, LLC
13843 NW 15 STREET
PEMBROKE PINES, FL 33028

SUBJECT: MARKETPHARMA LLC
Ref. Number: L12000143688

We have received your document for MARKETPHARMA 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 912A00029032

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 DEC 31 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000053601

1. Limited Liability Company's Name L07000053601

KakikE, LLC.

W12000049513

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 9700 Starkey Road		3. Mailing Office Address 9700 Stakey Road	
Suite, Apt. #, etc. 215		Suite, Apt. #, etc. 215	
City & State Seminole, FL		City & State Seminole, FL	
Zip 33777	Country USA	Zip 33777	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 2007	
6. FEI Number 26-1271111	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name K. Mathieson Kerry B. Mathieson			
Street Address (P.O. Box Number is Not Acceptable) 9700 Starkey Road			
Suite, Apt. #, Etc. 215			
City Seminole		State FL	Zip Code 33777

REINSTATEMENT	
E-mail Address: 700239799107 09/19/12--01029--001 **382.50	
KMathieson@live.com (To be used for future annual report notices)	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent X Kerry B. Mathieson Date X 9/17/12
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR MMM	K. Mathieson Kerry B. Mathieson	9700 Starkey Rd # 215	Seminole, FL 33777
MGR MM	K. Adams Kimberly B. Adams	9231 - 23 Ave. North	Largo, FL 33777
MGR MM	K. Harrell Karla B. Harrell	2375 Brigitte Way	Greencove Spr. FL 32043
			B. BOSTICK
			JAN - 2 2013
			EXAMINER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager X Kerry B. Mathieson Date X 9/17/12 Daytime Phone # X 727-204-5159

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2012

KERRY B. MATHIESON
9700 STARKEY ROAD, #215
SEMINOLE, FL 33777

SUBJECT: KAKIKI, LLC
Ref. Number: W12000049513

We have received your document for KAKIKI, LLC and your check(s) totaling \$382.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

You must type the complete/legal name of the individual(s) signing the document in each signature block.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 912A00024033