

L13000123397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

KM TECH INDUSTRIES LLC

**SUBJECT:** \_\_\_\_\_  
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:**

JENNY URBINA

Name of Person

KM TECH INDUSTRIES LLC

Firm/Company

5701 NW 112TH AVE #110

## Address

DORAL FL 33178

City/State and Zip Code

kmtechindustries@gmail.com

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

**For further information concerning this matter, please call:**

JENNY URBINA 305 2445916  
 \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
 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

*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: 5701 NW 112TH AVE #110 DORAL FL 33178

2. (a) 5701 NW 112TH AVE #110 DORAL FL 33178  
Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**

(b) 5701 NW 112TH AVE #110 DORAL FL 33178  
Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**

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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
**5771 NW 112TH AVE #109 DORAL FL 33178**

\_\_\_\_\_ FL

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

\_\_\_\_\_, FL

Signature of a member or authorized representative of a member

Printed or typed name of signee

Signature of Registered Agent

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