

L14000127156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

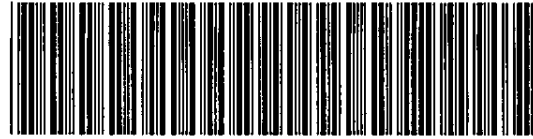
(Business Entity Name)

(Document Number)

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16 NOV -4 AM 9:57  
SOUTHERN DISTRICT OF FLORIDA  
TALLAHASSEE, FLORIDA

NOV 05 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2014

MATILDA KALAVESHI  
KALAVESHI ENTERPRISE LLC  
50 BISCAYNE BLVD. UNIT 2406  
MIAMI, FL 33132

SUBJECT: KALAVESHI ENTERPRISE, LLC  
Ref. Number: L14000127156

We have received your document for KALAVESHI ENTERPRISE, 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 attached form must be completed in order to file 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) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 614A00022102

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KALAVESHI ENTERPRISE

\_\_\_\_\_  
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:

MATILDA KALAVESHI

\_\_\_\_\_  
Name of Person

KALAVESHI ENTERPRISE

\_\_\_\_\_  
Firm/Company

50 BISCAYNE BLVD APT 2406

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

MIAMI, FL 33132

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

For further information concerning this matter, please call:

MATILDA KALAVESHI

\_\_\_\_\_  
Name of Person

at ( 305 ) 773-0141

\_\_\_\_\_  
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: KALAVESHI ENTERPRISE

2. (a) 50 BISCAYNE BLVD APT 2406 (b) SAME AS PRINCIPAL OFFICE

Principal office address of limited liability company:

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

50 BISCAYNE BLVD APT 2406

MIAMI, FL 33132

Mailing address of limited liability company:

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

SAME AS PRINCIPAL OFFICE

8/13/14

L14000127156

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS INC

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

13302 WINDING OAKS COURT SUITE A, TAMPA FL 33612

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 WINDING OAKS COURT SUITE A

TAMPA, FL 33612

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

MATILDA KALAVESHI

NEW Registered Office Address:

50 BISCAYNE BLVD APT 2406

MIAMI, FL 33132

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TALLAHASSEE, FLORIDA

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.

M. Kalaveshi  
Signature of a member or authorized representative of a member

Matilda Kalaveshi  
Printed or typed name of signer

*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.*

M. Kalaveshi  
Signature of Registered Agent

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