

216000014931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

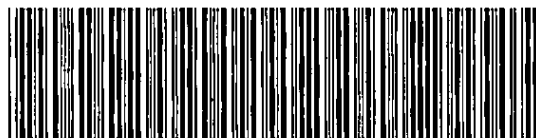
(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUL 26 PM 5:16

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JUL 28 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2018

KIMBERLY S MUSSONE
530 LAKE BINGHAM RD
LAKE MARY, FL 32746

SUBJECT: KIMBEE STUDIOS LLC
Ref. Number: L16000014931

2018 JUL 26 AM 11:15

RECEIVED

We have received your document for KIMBEE STUDIOS 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):

5(A) of the form is the Registered Agent information currently on the Florida Department of State, 5(B) of the form is the new Registered Agent information. Please correct.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 718A00014410

*This is to change the address only
Registered agent stays the same.*

*Thank you
Kimberly*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIMBEE STUDIOS 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:

KIMBERLY S. MUSSONE

Name of Person

KIMBEE STUDIOS LLC

Firm/Company

530 LAKE BINGHAM ROAD

Address

Lake Mary, Florida 32746

City/State and Zip Code

kimberly@kimbeestudios.com

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

For further information concerning this matter, please call:

Kimberly S. Mussone

at (941) 234-3050

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: Kimbee Studios LLC.

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

530 Lake Bingham Road

Lake Mary, Florida 32746

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

530 Lake Bingham Road

Lake Mary, Florida 32746

July 2, 2018

L16000014931

3. Date of filing/registration in Florida

4. Document number

5. (a) Kimberly S. Mussone

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

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

303 Sir Lawrence Dr
Sanford, FL 32773

(b) _____

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

NEW Registered Office Address:

530 Lake Bingham Rd
Lake Mary, FL 32746

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.

Kimberly S. Mussone
Signature of a member or authorized representative of a member

Kimberly S. Mussone

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.

Kimberly S. Mussone
Signature of Registered Agent

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