16000195935

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
<u> </u>				
(5)				
(Bu:	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to I	Filing Officer:			





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1016 DEC 29 PM 12: 17

SECRETARY OF STATE

K. SALY DEC 3 0 2016

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	KEINOR'S SERVICES LLC				
	ility Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the fol	lowing:		
Keind	or Esteban Serrano				
	Name of Person		-		
Keind	or's services LLC		• •		
	Firm/Company	·	-		
5130	45TH AVENUE NORTH				
	Address		-		
St Pe	etersburg,FI 33709				
	City/State and Zip Code		-		
ands	hev@mail.ru				
	E-mail address: (to be used for future ann	ual report notific	ation)		
For fu	rther information concerning this matter,	please call:			
Kein	or Esteban Serrano	727 at (218-8977		
 -	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	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314		
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

INHS18 (2/14)

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.	Na	me of the limited liability company: Keinor's serv	rices	LLC		
2.		5130 45TH AVE N, St Petersburg,FI 33709		(h) 5130 45	TH AVE N, St Petersburg,Fl	3370!
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	y:
						
		10/24/2016	_	L1600019	5935	· .
 3. 5. 	(a)	Date of filing/registration in Florida KEINOR, ESTEBAN S	4.		Document number	
	()	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of State	:	٠
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5130 45TH AVE N			2016 DEC SECRET	77
		St Petersburg , FL	3370	09	TARY TASS	-
4	(b)	Keinor Esteban Serrano Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:	TARY OF STATE HASSEE, FLORIUM	G
		NEW Registered Office Address:				
		5130 45TH AVE N				
		St Petersburg , FL	337	09		•
the age was	cha nt w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the re ability of the	egistered office company, it is limited liability	e and the business office of the reg s hereby confirmed that the change y company or as otherwise provide	istered e(s)
		einer Estelan Sertamo	<u>}</u>	Keinor Esteb		· .
I h pro the to n	erel visi obli nere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I do not not not not not not not not not no	perfo d for hereb	act in this cape rmance of my e in Chapter 605 y confirm that	Printed or typed name of signee acity. I further agree to comply widuties, and I am familiar with and i, F.S. Or, if this document is being the limited liability company has being the limited liability company has being the limited liability company has be a second to the limited liability company has be a second to the limited liability company has be a second to the limited liability company has be a second to the limited liability company has be a second to the limited liability company has be a second to the limited liability company has be a second to the limited liability company has be a second to the limited liability li	ith the accept g filed been

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2016

KEINOR'S SERVICES LLC KEINOR ESTEBAN SERRANO 5130 45TH AVE. N ST. PETERSBURG, FL 33709

SUBJECT: KEINOR'S SERVICES LLC

Ref. Number: L16000195935

2016 DEC -5 PM 12:
SLUNG FAR FOR SHEET AND SSEEF, FILLER

We have received your document for KEINOR'S SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

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.

Karen A Saly Regulatory Specialist II

Letter Number: 516A00024042



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 15, 2016

KEINOR'S SERVICES LLC KEINOR ESTEBAN SERRANO 5130 45TH AVE. N ST. PETERSBURG, FL 33709

SUBJECT: KEINOR'S SERVICES LLC

Ref. Number: L16000195935

We have received your document for KEINOR'S SERVICES 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):

You failed to make the correction(s) requested in our previous letter.

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.

Karen A Salv Regulatory Specialist II

Letter Number: 716A00026724