

L11000103582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUL -9 AM 10:46

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key Real Estate & Property Management 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:

Dania Valentine
Name of Person

Key Real Estate & Property Management
Firm/Company

2795 Holiday Woods Dr.
Address

Kissimmee FL 34744
City/State and Zip Code

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

For further information concerning this matter, please call:

Dania Valentine at (407) 497-7550
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Previously Paid - Submitted with wrong
Form



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2024

DANIA VALENTINE
2795 HOLIDAY WOODS DRIVE
KISSIMMEE, FL 34744

SUBJECT: KEY REAL ESTATE & PROPERTY MANAGEMENT LLC
Ref. Number: L17000103582

We have received your document for KEY REAL ESTATE & PROPERTY MANAGEMENT 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 form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 624A00013873

RECEIVED

JUL - 9 2024

**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: Key Real Estate & Property Management LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

6347 S. Orange Ave
Orlando, FL 32809

2795 Holiday Woods Dr.
Kissimmee FL 34744

3. July 1, 2024
Date of filing/registration in Florida

4. L17000103582
Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6347 S. Orange Ave
Orlando FL 32809

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

NEW Registered Office Address:

2795 Holiday Woods Dr.
Kissimmee FL 34744

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]
Signature of a member or authorized representative of a member

Dania Valentine
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.

[Signature]
Signature of Registered Agent

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DIVISION OF STATE
TALLAHASSEE, FLORIDA