

L17000110159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

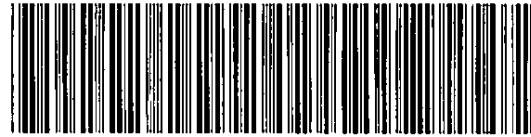
(Business Entity Name)

(Document Number)

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FILED
17 JUN 29 11 10 53
STATE OF NEW YORK
TALMADGE COUNTY

D SCOTT
JUL 5 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KILLCO 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:

Christopher Killoran

Name of Person

KILLCO, LLC

Firm/Company

817 se 2nd ave, unit 101

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

christopherkilloran@yahoo.com

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

For further information concerning this matter, please call:

christopher killoran

954

918-5731

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

FILED
17 JUN 29 11 05 53
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

**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: KILLCO, LLC

2. (a) KILLCO, LLC (b) KILLCO, LLC

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

450 ne 5th st, unit 223

fort lauderdale, fl 33301

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

450 ne 5th st, unit 223

fort lauderdale, fl 33301

05/18/2017

L17000110159

3. Date of filing/registration in Florida

4. Document number

5. (a) christopher killoran

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

christopher killoran

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

450 ne 5th st, unit 223

fort lauderdale, FL 33301

(b) christopher killoran

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

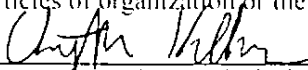
christopher killoran

NEW Registered Office Address:

817 se 2nd ave, unit 101

fort lauderdale, FL 33316

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.

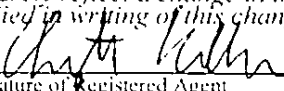


Signature of a member or authorized representative of a member

christopher killoran

Printed or typed name of signee

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 of Registered Agent