

U700169467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

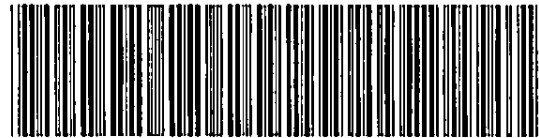
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/31/17--01023--010 \*\*25.00

FILED  
SEP 18 PM 1:30  
FBI - FT

D SCOTT  
SEP 18 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 1, 2017

KENNETH STEVENS  
86053 MEADOWFIELD BLUFFS RD  
YULEE, FL 32097

SUBJECT: KABED LLC  
Ref. Number: L17000169487

We have received your document for KABED 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):

Page 1 of 3, and page 2 of 3 are missing.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 617A00018148

2017 SEP 18 AM 11:09

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

17 SEP 18 PM 1:30  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KABED LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth Stevens  
Name of Person

KABED LLC  
Firm/Company

86053 Meadowfield Bluffs Rd  
Address

Yulee, Florida 32097  
City/State and Zip Code

K7STEVENS@ME.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Stevens at (954) 559-3172  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
JAN 10 2007  
TALLAHASSEE, FL  
1:30 PM  
CLERK OF COURT

KABCO LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jvette Stevens	86053 Meadowfield Bluffs	<input type="checkbox"/> Add
		Rd Yulee, Florida	<input checked="" type="checkbox"/> Remove
		32097	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9/14/17

Kenneth Stearns  
Typed or printed name of signer