

L18000290834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

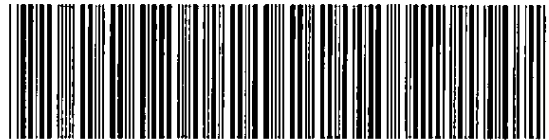
(Business Entity Name)

(Document Number)

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2024 AUG 22 AM 8:00
TALLAHASSEE, FLORIDA
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KADOSH ENTERPRISES 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:

Daniel Francisco Miranda

Name of Person

Kadosh Enterprises LLC

Firm/Company

7808 Sonoma Springs cir apt 204

Address

Lake Worth / FL - 33463

City/State and Zip Code

enterpriseskadosh@gmail.com

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

For further information concerning this matter, please call:

Daniel Miranda

Name of Person

at (561)

6742643

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2024

AUG 22 2024

DANIEL FRANCISCO MIRANDA
7808 SONOMA SPRINGS CIRCLE
APT 204
LAKE WORTH, FL 33463

SUBJECT: KADOSH ENTERPRISES LLC
Ref. Number: L18000290834

We have received your document for KADOSH ENTERPRISES 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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

Neysa Culligan
Regulatory Specialist III

Letter Number: 424A00015302

**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: KADOSH ENTERPRISES LLC

2. (a) 9805 ARBOR OAKS LN, APT 104 (b) 7808 SONOMA SPRINGS CIR, APT 204

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

BOCA RATON FL - 33468

LAKE WORTH FL - 33463

DECEMBER, 19, 2018

L18000290834

3. Date of filing/registration in Florida

4. Document number

5. (a) US TAX CONSULTING INC

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5401 S KIRKMAN ROAD, SUITE 135

ORLANDO FL 32819

(b) DANIEL FRANCISCO MIRANDA

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

NEW Registered Office Address:

7808 SONOMA SPRINGS CIR APT 204

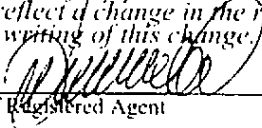
LAKE WORTH FL 33463

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

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

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

FILED
2024 AUG 22 AM 8:00
TALLAHASSEE, FLORIDA
CLERK OF STATE