

L19000024317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

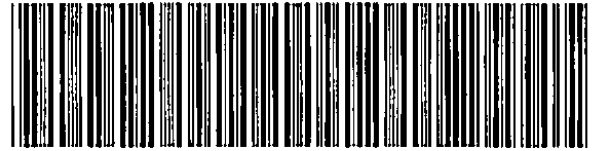
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2019 MAR -1 PM 6:42
TALLAHASSEE, FL

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3. PRATHEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2019

JOSEPH PALERMO
7914 CHADWICK DRIVE
NEW PORT RICHEY, FL 34656

SUBJECT: PALERMO & ASSOCIATES KP LLC
Ref. Number: L19000024317

We have received your document for PALERMO & ASSOCIATES KP 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):

The registered agent must sign accepting the designation.

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

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) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 119A00003749

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALERMO & ASSOCIATES KP 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:

JOSEPH PALERMO

Name of Person

PALERMO & ASSOCIATES KP LLC

Firm/Company

7914 CHADWICK DRIVE

Address

NEW PORT RICHEY

City/State and Zip Code

JDPII3@GMAIL.COM

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

For further information concerning this matter, please call:

JOSEPH PALERMO

727
at (_____) _____

992-0473

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

**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.

Name of the limited liability company: PALERMO & ASSOCIATES KP LLC

2. (a) 7914 CHADWICK DRIVE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

NEW PORT RICHEY, FL 34654

(b) 7914 CHADWICK DRIVE

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

NEW PORT RICHEY, FL 34654

JANUARY 23, 2019

L19000024317

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

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

13302 WINDING OAK COURT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

A

TAMPA, FL 33612

, FL

(b) JOSEPA PALERMO

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

JOSEPH PALERMO

NEW Registered Office Address:

7914 CHADWICK DRIVE

NEW PORT RICHEY

FL 34654

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

JOSEPH PALERMO

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 of Registered Agent

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

FILING FEE: \$25.00

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2019 MAR - 1 PM 6:42
TALLAHASSEE, FL