

L21000283840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

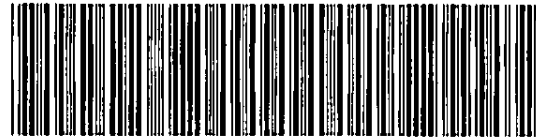
(Business Entity Name)

(Document Number)

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2021 OCT 18 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 OCT 18 PM 1:41

September 30, 2021

BETTY HINES
211 AVONDALE DR
POMPANO BEACH, FL 33060

SUBJECT: KLEAN WIT A K LLC
Ref. Number: L21000283840

We have received your document for KLEAN WIT A K 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.

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) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 621A00023491

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KLEAN WIT A K 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:

BETTY HINES
Name of Person

KLEAN WIT A K
Firm/Company

211 AVONDALE DRIVE
Address

POMPANO BEACH FLORIDA 33060
City/State and Zip Code

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

For further information concerning this matter, please call:

BETTY HINES at (954) 270 8976
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

**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: KLEAN WITAK LLC

2. (a) 211 AVONDALE DR. POMPANO, FL
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 211 AVONDALE DRIVE 33060
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. JUNE 18, 2021
Date of filing/registration in Florida

4. L21000283840
Document number

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

5575 S. SEMORAN BLVD. 36
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32822

(b) BETTY HINES
Enter name of NEW Registered Agent and/or NEW Registered Office address:

211 AVONDALE DRIVE 1
NEW Registered Office Address:

POMPANO BEACH, FL 33060

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.

Lazarus J Madison
Signature of a member or authorized representative of a member

LAZARUS J MADISON
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.

Betty Hines
Signature of Registered Agent

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TALLAHASSEE, FL