

L22000060051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

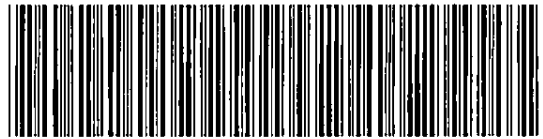
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J E L I N G

APR 19 2024

Office Use Only



600421881716

01/19/24--01009--009 **35.00

Ret. 03/21/24

FILED
2024 MAR 21 PM 3:47
SECRETARY OF STATE
JULIA L. LEE

COVER LETTER

DATE: 3/15/24

TO: Registration Section
Division of Corporations

SUBJECT: KEJIS PROPERTIES 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:

KYRIAKOS KARAMANLIDIS

Name of Person

N/A

Firm/Company

5790 KINGSTON PL.

Address

AVE MARIA, FL 34142

City/State and Zip Code

~~KEJIS.PR~~ Kejis.Properties.llc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KYRIAKOS KARAMANLIDIS at (410) 241-8235
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: ALREADY PAID

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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.

- FL

DATE: 3/15/24

INHS18 (2/14)