

L99000003417

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kalback Real Estate, 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:

Mary Lumannick

Name of Person

KFRE, LTD

Firm/Company

6262 SW 40 St, Suite 2-J

Address

Miami, Florida 33155-9033

City/State and Zip Code

KFRELTD@aol.com

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

For further information concerning this matter, please call:

Mary Lumannick

Name of Person

at ( 305 )

666-1773

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Climon 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 608.416 or 608.508, 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: Kalback Real Estate, LLC

2. (a) Principal office address of limited liability company: 6262 SW 40 ST

(Note: MUST BE STREET ADDRESS)

Suite 2-J  
Miami, Florida 33255-9033

(b) Mailing address of limited liability company:

C/O KFRE, LTD

(Note: MAY BE POST OFFICE BOX)

P.O. BOX 55-9033  
Miami, Florida 33255-9033

06/11/1999

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3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Simon, Gary P

Registered Office Address:

9100 So. Dadeland Blvd, Suite 504

Miami, Florida 33156-2849

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

NEW Registered Agent:

Simon, Gary P

NEW Registered Office Address:

9500 So. Dadeland Blvd, Suite 708

(MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33156-2849

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.

Mary Lumannick  
Signature of a member or authorized representative of a member

Mary Lumannick

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 608, 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.

Gary P. Simon  
Signature of Registered Agent

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