

P06000033089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

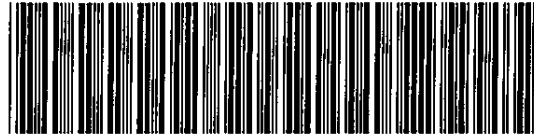
(Business Entity Name)

(Document Number)

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04/13/07--01002--008 \*\*10.00

03/22/07--01047--022 \*\*25.00

C.C.

APPROVED  
AND  
FILED  
07 APR 12 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Chong*  
G. Goulette APR 12 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KESEF, INC.  
(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:

OREN GOTTESMAN  
(Name of Person)

KESEF, INC.  
(Firm/Company)

2314 SE 20th AVE  
(Address)

CAPE CORAL, FL 33990  
(City/State and Zip Code)

For further information concerning this matter, please call:

OREN GOTTESMAN at ( 239 ) 898-7291  
(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



**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

March 26, 2007

OREN GOTTESMAN  
KESEF, INC.  
2314 SE 20TH AVE  
CAPE CORAL, FL 33990

SUBJECT: KESEF, INC.  
Ref. Number: P06000033089

We have received your document for KESEF, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You have submitted the wrong application for a corporation. I have enclosed the proper form for you to complete and return to me with a copy of this letter.

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) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 007A00020510

RECEIVED  
07 APR 12 AM 8:00  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KESEF, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P06000033089

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OREN GOTTESMAN

(Name of Contact Person)

KESEF, INC.

(Firm/Company)

2314 SE 20TH AVENUE

(Address)

CAPE CORAL, FL 33990

(City/State and Zip Code)

For further information concerning this matter, please call:

OREN GOTTESMAN

(Name of Contact Person)

at ( 239 ) 898 - 7291

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KESEF, INC.
2. The principal office address: 2314 SE 20TH AVENUE  
CAPE CORAL, FL 33990
3. The mailing address (if different): S.A.A.
4. Date of incorporation/qualification: 03/06/2006 Document number: P06000033089
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

OREN GOTTESMAN

2314 SE 20TH AVENUE

(P.O. Box NOT acceptable)

CAPE CORAL, FL 33990

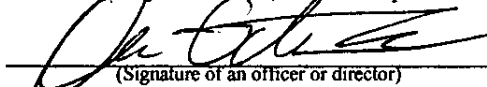
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 APR 12 PM 3:54

APPROVED  
AND  
FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

OREN GOTTESMAN, OWNER

(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

4-04-2007  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*