102000025951

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City,	/State/Zip/Phone	= #)	
	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to F	iling Officer:		

Office Use Only



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SECRETARY OF STATE

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EXAMINER

COVER LETTER

+

TO:	Registration Section Division of Corporations		
SUBJ	ECT: BIMINI BAY DEVELOR	PMENT LLC ne of Limited Liability Company)	 -
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concernin	ng this matter to the following:	
•			
BIRAN	I HERNDON		
2	(Name of Person)		
ELITÉ	TAX ADVISORY SERVICES LLC		4
	(Firm/Company)		
4074	CE DORT CT LUCIE BLVD		たる
19/1	SE PORT ST LUCIE BLVD (Address)	 .	SS
	(Habitato)		riq.
POR.	r ST. LUCIE, FL 34952		
1010	(City/State and Zip Code)		当品
For f	urther information concerning this ma	atter, please call:	
BIRA	N HERNDON	at (772) 293-9452	
	(Name of Person)	(Area Code & Daytime Telephone Numbe	r)
	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 follow	wing 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: BIMINI BAY	DEVELOPMENT LLC	+
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	/: 3410 N. HARBOR CITY BLVD. MELBOURNE, FL 32935	0
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3410 N. HARBOR CITY BLVD. MELBOURNE, FL 32935	#
. 10/02/2002	L02000025951	
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:	LARKIN, DAVID	
Registered Office Address:	1900 S. HICKORY STREET STE A	Ŧ
	MELBOURNE. FL 32901	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	BIRAN HERNDON	· }
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1971 SE PORT ST LUCIE BLVD	ent Ser Serv
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of member or authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prantial familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	laws of the State of Florida, it is hereby confirm at address of the registered office and the busine ase of a Florida limited liability company, it is by an affirmative vote of the members of the limit organization or the operating agreement of the	ss nited
(Signature of Registered Agent)	an mang of the change.	

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