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. (Address)				
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BAB Developers II, LLC (Name o	f Limited Liabi	lity Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	l Office Change	and fee(s) are submitted	for filing.
Please return all correspondence concernir	ng this matter to	the following:	
Gary B. Leuchtman		_	2100 TAI
(Name of Person)		_	ECRE 86 AU
Beggs and Lane			G 29 A
(Firm/Company)		_	
501 Commendencia Street			2006 AUG 29 AH 11: 02 SECRETARY OF STATE TALLAHASSEE, FLORIO
(Address)		_	0) ²
Pensacola, Florida 32502			
(City/State and Zip Code)	 -	_	
For further information concerning this ma	atter, please call	l: \ 432-2451	
(Name of Person)	at (000	(Area Code & Daytime 1	 Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reş Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	
. Enclosed is a check for the follow	ving 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. The name of the limit	ed liability company is: BAB Develo	ppers II, LLC	<u></u> .	
2. The mailing address of	of the limited liability company is:		·	
101-A Business Centre Dr	ive, Destin, Florida 32550		·	
9/4/2003		L03000033347		
3. Date of filing/registra	tion in Florida	4. Document number		
5. The name of the regist Florida Department of	ered agent and the registered office State:	address as shown on the	records of the	
•	Herman L. Neese, Jr.			
	Name		7. 27	
	101-A Business Centre Drive			
	Address		2006 AUG SECRET	
•	Destin, Florida 32550		17. G 2	
	City, State and Z	ip	SERY 9	
6. The name and address of the new registered agent and/or office: Gary B. Leuchtman Name State and Zip OF STATE Name				
	Gary B. Leuchtman		RA C	
	Name 501 Commendencia Street			
	Florida street address (P.O. Box	NOT acceptable)		
	Pensacola FL 3250	02		
	City, State and Zip	<u> </u>		
and the business office of liability company, it is he	mpany is not organized under the la hange or changes are made, the Flof the registered agent will be identicated confirmed that the change(s) mited liability company or as other not of the limited liability company.	orida street address of the cal. Or, in the case of a F was/were authorized by a	registered office Florida limited an affirmative vote	
Wellen It.	Kul		•	
(Signature of a member or autho	rized representative of a member)			
Utcithm // (Printed or typed name of signee	Romer			
_ JUM MWG	thtment as registered agent and ag its of fill statutes relative to the proj hed accept the obligations of my post this document is being filed to mer that the limited liability company	ree to act in this capacity per and complete perforn ition as registered agent ely reflect a change in the has been notified in writi	v. I further agree to nance of my duties, as provided for in e registered office ing of this change.	
(Signature of Registered Agent) Division	on of Corporations, P.O. Box 632	7, Tallahassee, FL 3231	14	

FILING FEE: \$25.00