PPEE0000501

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
(013)04602157 (1010 3)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

Division of Corporations				
SUBJECT: BAB Developers, LLC (Name of L	imited Lia	bility Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	ffice Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter	to the following:		
Gary B. Leuchtman		<u> </u>		
(Name of Person)				
Beggs and Lane				
(Firm/Company)	<u></u>			
501 Commendencia Street				
(Address)		•		
Pensacola, Florida 32502				
(City/State and Zip Code)	•			
For further information concerning this matte	r, please c	all:		
-	•			
Gary B. Leuchtman	at_(850	432-2451		
(Name of Person)		(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	7	allahassee, Florida 32314		
Enclosed is a check for the following	g 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 lin	nited liability company	is: BAB Develop	ers, LLC			·
2. The mailing address	s of the limited liability	company is:_	<u>-</u>			
101-A Business Centre	Drive, Destin, Florida 32	550				
9/9/2003			L03000033979			
3. Date of filing/registration in Florida			4. Document number	<u></u>		
5. The name of the reg Florida Department	istered agent and the re of State:	gistered office	address as shown on the	e records	of the	
	Herman L. Neese			**		
		Name				
	101-A Business Co			-		
	.	Address				
	Destin, Florida 325	550 ty, State and Zi	<u> </u>	- 	_	
		•	•		06	
6. The name and addre	ess of the new registered	d agent and/or o	ffice:	AHA	AUG :	
	Gary B. Leuchtma	an		- SS	29	-
		Name			~	
	501 Commendenci	ia Street		— (V	₹	\$ 9 \$
	Florida street addr	ress (P.O. Box N	NOT acceptable)	.ORID	2:31	O
	Pensacola	FL 3250	2	≥		
	City	, State and Zip				
confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	company is not organize e change or changes are tof the registered agent hereby confirmed that limited liability compa nent of the limited liabi	e made, the Flor t will be identica the change(s) wany or as otherwall ility company.	rida street address of the al. Or, in the case of a leas/were authorized by	e register Florida li an affirm	ed offi mited ative	vote
(Signature of a member or au	thorized representative of a me	mber)				•
WILCEAU !	2. Rassex					
(Printed or typed name of sign			- · · • •	•		
I hereby/accept the ap comply with the provis and I amfamiliar with Chapter/608, F.F. Or/ address, I hereby confi	pointment as registered ions of all statutes relat and ackept the obligate if this document is bein referre the limited liab	d agent and agr tive to the prop ions of my posit ng filed to mere vility company h	ee to act in this capaciter and complete perforition as registered agent by reflect a change in the as been notified in writ	y. I furth nance of as provid the register ing of thi	er agn my du ded fo red off s char	ree to sties, r in sice sge.
(Signature of Registered Ager	nt)		· · · · · · · · · · · · · · · · · · ·			•
/ Divi	ision of Cornorations	P.O. Box 6327	Tallahassee EL 323	Lì		

FILING FEE: \$25.00