

W03000036398

00789-00524-00671 form LC NOT INC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

W03-36398

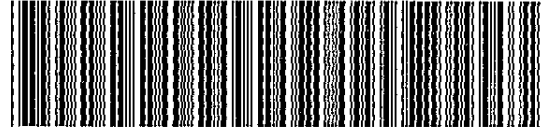
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/17 R/A ch

Office Use Only



800060902398

11/04/05--01009--014 **175.00

FILED
05 NOV 17 PM 4:19
TALLAHASSEE FL 32309A



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 8, 2005

W. DOUGLAS HARRIS
D & B LLC
203 BUCK DRIVE
FORT WALTON BEACH, FL 32548

SUBJECT: D & B LLC
Ref. Number: L03000036398

We have received your document for D & B LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the for submitted is for a Corporation.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 905A00066697

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D+B 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:

Vicky Flamand
(Name of Person)

D+B LLC
(Firm/Company)

203 Buck Drive
(Address)

Fort Walton, FL 32548
(City/State and Zip Code)

For further information concerning this matter, please call:

Vicky Flamand at (850) 863-1995
(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

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 limited liability company is: D4B LLC
- 2. The mailing address of the limited liability company is : 203 Buck Drive, Ft. Walton, FL 32548
LO3000036398
- 3. Date of filing/registration in Florida _____
- 4. Document number _____

- 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Harris, William D
Name
184 Eglin Parkway, Ste 9
Address
Fort Walton Beach, FL 32548
City, State and Zip

- 6. The name and address of the new registered agent and/or office:
Harris, William D
Name
203 Buck Drive
Florida street address (P.O. Box NOT acceptable)
Fort Walton FL 32548
City, State and Zip

FILED
05 NOV 17 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
(Signature of a member or authorized representative of a member)
William D. Harris
(Printed or typed name of signee)

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.

[Signature]
(Signature of Registered Agent)

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