

W04 000005722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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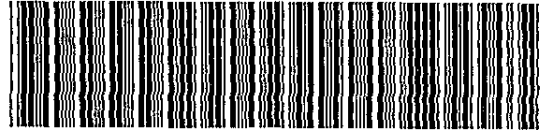
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BBLT Food Services LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000005722

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAY GALINDO  
(Name of Person)

BBLT FOOD SERVICES LLC  
(Name of Firm/Company)

12555 S.W. 34<sup>TH</sup> PLACE  
(Address)

DAVIE, FL. 33330  
(City/State and Zip Code)

For further information concerning this matter, please call:

RAY GALINDO at ( 954 ) 915-9617  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA  
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**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: BBLT FOOD SERVICES LLC
2. The mailing address of the limited liability company is : 4627 PONCE DE LEON BLVD  
CORAL GABLES, FL. 33146
3. Date of filing/registration in Florida 1/22/2004 4. Document number L04000005722

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JACKSON, MICHAEL L.  
Name  
c/o SUIHAE WITTENBERG, KURTZ & JACKSON, P.A.  
4627 PONCE DE LEON BLVD  
Address  
CORAL GABLES, FL. 33146  
City, State and Zip

6. The name and address of the new registered agent and/or office:

RAY GALINDO  
Name  
12555 SW. 34<sup>th</sup> PLACE  
Florida street address (P.O. Box NOT acceptable)  
DAVIE FL 33330  
City, State and Zip

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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)

RAY GALINDO  
(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