

# L040000/5696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 17 2015

T. J. BARNETT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLLR Holdings, 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:

Beth E. Linzner

Name of Person

Beth E. Linzner, P.A.

Firm/Company

1475 West Cypress Creek Road, Suite 202

Address

Ft. Lauderdale, FL 33309

City/State and Zip Code

blinzner@linznerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth E. Linzner

at ( 954 )

640-0231

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 JUL 17 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 2, 2015

BETH E. LINZNER, P.A.  
BETH E. LINZNER  
1475 WEST CYPRESS CREEK RD, STE. 202  
FT. LAUDERDALE, FL 33309

SUBJECT: BLRR HOLDINGS LLC  
Ref. Number: L04000015696

We have received your document for BLRR HOLDINGS LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The name of the company and the name on the document must be the same.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 315A00013949

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: BLRR HOLDINGS LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2295 NW Corporate Blvd., Suite 235

Boca Raton, FL 33431

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2295 NW Corporate Blvd., Suite 235

Boca Raton, FL 33431

3. 09/03/1987 2/27/04  
Date of filing/registration in Florida

4. M58518 204000015696  
Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Linzner, Beth E.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

2295 NW Corporate Blvd., Suite 235

Boca Raton, FL 33431

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

1475 West Cypress Creek Road, Suite 202

Fort Lauderdale, FL 33309

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.

Beth E. Linzner  
Signature of a member or authorized representative of a member

Beth E. Linzner

Printed or typed name of signer

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 605, 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.

Beth E. Linzner  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
15 JUL 17 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA