

W4000047055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

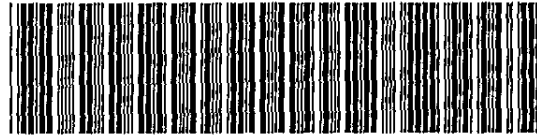
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W4-47055
AR

Tabatha Bryant LLC

P. O. Box 10142
Pensacola, FL 32524-0142
(850) 232-3011

October 11, 2005

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

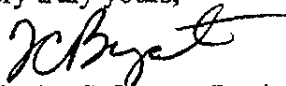
Subject: Tabatha Bryant LLC
Ref. Number: L04000047055

This letter is to request a refund of \$10.00 which was paid in error. I submitted the form 'Statement of Change of Registered Office or Registered Agent or Both for Corporations' with a \$35.00 Filing Fee but should have submitted 'Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company' with a \$25.00 Filing Fee.

The correct form, 'Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company' is enclosed. Therefore, please refund ten dollars, \$10.00, to me as soon as possible.

Please call with any questions, (850) 232-3011.

Very truly yours,



Tabatha C. Bryant, Registered Agent
Tabatha Bryant LLC
Doc. Number: L04000047055

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 29, 2005

TABATHA BRYANT
P.O. BOX 10142
PENSACOLA, FL 32524-0142

SUBJECT: TABATHA BRYANT, LLC
Ref. Number: L04000047055

We have received your document for TABATHA BRYANT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 705A00059333

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tabatha Bryant LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000047055

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Tabatha Bryant
(Name of Contact Person)

Tabatha Bryant LLC
(Firm/Company)

P. O. Box 10142
(Address)

Pensacola FL 32524-0142
(City/State and Zip Code)

For further information concerning this matter, please call:

Tabatha Bryant at (850) 232-3011
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
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: Tabatha Bryant LLC

2. The mailing address of the limited liability company is: _____

P.O. Box 10142 Pensacola FL 32524-0142

June 22, 2004 L04 000047055

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:

Tabatha Bryant
Name
1802 Peyton Drive
Address
Pensacola FL 32503
City, State and Zip

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

Tabatha Bryant
Name
2144 Copley Drive
Florida street address (P.O. Box NOT acceptable)
Pensacola FL 32503
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.

Tabatha
(Signature of a member or authorized representative of a member)

Tabatha C. Bryant
(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.

Tabatha
(Signature of Registered Agent)

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