

L05000013192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2006 JAN -6 PM 2:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC 14 2005

J. BRYAN JAN -6 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARTON VENTURES, 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:

KIMBERLY HERNANDEZ
(Name of Person)

BARTON VENTURES, LLC
(Firm/Company)

34949 BLANTON ROAD
(Address)

DADE CITY, FLORIDA 33523
(City/State and Zip Code)

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DIV. OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KIMBERLY HERNANDEZ at (352) 567-0557
(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

INHS18 (8/05)

35.00 SEE ENCLOSED CORRESPONDENCE FROM
DIV. OF CORPORATIONS (FL. DEPT. OF STATE) INDICATING
THEY HAVE MY CHECK FOR \$55.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2005

KIMBERLY HERNANDEZ
BARTON VENTURES, LLC
34949 BLANTON ROAD
DADE CITY, FL 33523

SUBJECT: BARTON VENTURES, LLC
Ref. Number: L05000013192

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for BARTON VENTURES, 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):

You completed the wrong form.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 705A00071902

**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: BARTON VENTURES, LLC
(FRAMER, PRIOR)
2. The mailing address of the limited liability company is: 2700 N.W. 72 WAY (KA)
HOOLLYWOOD, FLORIDA 33024
3. Date of filing/registration in Florida 2/8/2005 4. Document number L05000013192

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

Kimberly HERNANDEZ
Name
2700 N.W. 72 WAY
Address
HOOLLYWOOD, FLORIDA 33024
City, State and Zip

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

Kimberly HERNANDEZ
Name
34949 BLANTON ROAD
Florida street address (P.O. Box NOT acceptable)
DADE CITY FL 33523
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.

Kimberly Hernandez
(Signature of a member or authorized representative of a member)

KIMBERLY HERNANDEZ
(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.

Kimberly Hernandez
(Signature of Registered Agent)

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