

L05000063479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

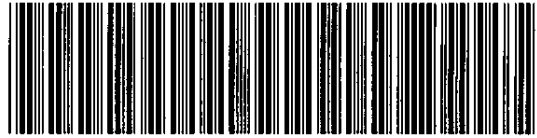
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

May 8, 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BHB Enterprises, 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:

T. Samantha Chechele
(Name of Person)

T. Samantha Chechele, PA
(Firm/Company)

7127 1st Ave. So.
(Address)

St. Petersburg, FL 33707
(City/State and Zip Code)

For further information concerning this matter, please call:

T. Samantha Chechele at (727) 381-6001
(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

April 28, 2009

T. SAMANTHA CHECHELE, PA
7127 1ST AVE SO
ST PETERSBURG, FL 33707

SUBJECT: BHB ENTERPRISES, LLC
Ref. Number: L05000063479

We have received your document for BHB ENTERPRISES, LLC and your check(s) totaling \$25.00. 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.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00014319

**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. Name of the limited liability company: BHB Enterprises, LLC

2. (a) Principal office address of limited liability company: 19636 Gulf Blvd.
Indian Shores, FL 33785
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 19636 Gulf Blvd.
Indian Shores, FL 33785
(Note: MAY BE POST OFFICE BOX)

October 14, 2005

3. Date of filing/registration in Florida

L05000063479

4. Document number

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

Registered Agent: R. Nathan Hightower

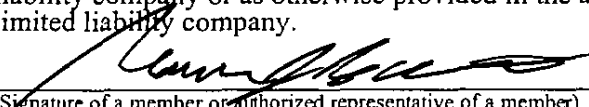
Registered Office Address: 2536 Countryside Blvd., 6th Floor
Clearwater, FL 33763

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

NEW Registered Agent: T. Samantha Chechele

NEW Registered Office Address: 7127 1st Ave. So.
(MUST BE FLORIDA STREET ADDRESS) St. Petersburg, FL 33707

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 of a member or authorized representative of a member)

Norman Balthasar

(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. On 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 of Registered Agent)

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

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE